


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 001 ****61.25

DOCUMENT # N950Q0005840 1. Entity Name HARVEST HOUSE OUTREACH CENTER, INC.					
Principal Place of Business 7750 NW 4TH AVE MIAMI FL 33150 US			Mailing Address 7821 NW 4 CT MIAMI FL 33150		
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME AS ABOVE</i>			
Suite, Apt. #, etc. <i>SAME AS ABOVE</i>		Suite, Apt. #, etc. <i>NO CHANGE</i>			
City & State <i>NO CHANGE</i>		City & State <i>NO CHANGE</i>		4. FEI Number 65-0675601	
Zip <i>DADE</i>		Country <i>DADE</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, WALTER L 7821 NW 4TH CT MIAMI FL 33150			7. Name and Address of New Registered Agent Name SIMPSON, Walter L Street Address (P.O. Box Number is Not Acceptable) 7821 NW 4th ct City miami FL Zip Code 33150		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMPSON, WALTER L 7821 NW 4 CT MIAMI FL 33150 MD	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMPSON, BARBARA V 7821 NW 4 CT MIAMI FL 33150 T	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCARTHY, ONELL 6751 SW 10 CT PEMBROKE PINES FL 33023 S	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCCARTHY, TONYA 6751 SW 10 CT PEMBROKE PINES FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u>Pastor Walter L Simpson</u> 7/28/05 6057582012 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		