# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 24, 2006 8:00 am**
**Secretary of State**
04-24-2006 90349 006 ****61.25

DOCUMENT # N95000005840

1. Entity Name

HARVEST HOUSE OUTREACH CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7750 NW 4TH AVE<br>MIAMI FL 33150<br>US | 7821 NW 4 CT<br>MIAMI FL 33150 |

b00279121

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7750 NW 4th AVE | SAME AS Above |
| Suite, Apt. #, etc. SAME | Suite, Apt. #, etc. N/C No change |
| City & State SAME | City & State N/C |
| Zip SAME Country SAME | Zip N/C Country N/C |

4. FEI Number 65-0675601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SIMPSON, WALTER L<br>7821 NW 4TH CT<br>MIAMI FL 33150 | Name Nothing has changed<br>Street Address (P.O. Box Number is Not Acceptable) N/A / N/C<br>City FL Zip Code |

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 Walter L. Simpson 1-30-06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SIMPSON, WALTER L<br>7821 NW 4 CT<br>MIAMI FL 33150 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MD<br>SIMPSON, BARBARA V<br>7821 NW 4 CT<br>MIAMI FL 33150 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MCCARTHY, ONELL<br>6751 SW 10 CT<br>PEMBROKE PINES FL 33023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MCCARTHY, TONYA<br>6751 SW 10 CT<br>PEMBROKE PINES FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

No changes

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Walter L. Simpson 1-30-06 305 758-2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #