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 MIAMI FL 33150 US	7821 NW 4 CT MIAMI FL 33150

b00029121

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 7821 NW 4TH CT MIAMI FL 33150	Name: Nothing has changed Street Address (P.O. Box Number is Not Acceptable): N/A / N/C 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: Pastor Walter L. Simpson — 1-30-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminated) — 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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIMPSON, WALTER L	NAME	
STREET ADDRESS	7821 NW 4 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	MD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIMPSON, BARBARA V	NAME	
STREET ADDRESS	7821 NW 4 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, ONELL	NAME	
STREET ADDRESS	6751 SW 10 CT	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, TONYA	NAME	
STREET ADDRESS	6751 SW 10 CT	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Pastor Walter L. Simpson — 1-30/06 — 305 758-2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #