

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90025 042 ****61.25

DOCUMENT # N95000005840

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 - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

NO CHANGE

Suite, Apt. #, etc.

NO CHANGE

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

SIMPSON, WALTER L
7821 NW 4TH CT
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent (omit title if applicable)

(NOTE: Registered Agent signature is required when constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE PD
NAME SIMPSON, WALTER L
STREET ADDRESS 7821 NW 4 CT
CITY- ST- ZIP MIAMI FL 33150 ☐ Delete

TITLE T
NAME MCCARTHY, ONELL
STREET ADDRESS 6751 SW 10 CT
CITY- ST- ZIP PEMBROKE PINES FL 33023 ☐ Delete

TITLE C
NAME MCCARTHY, TONYA
STREET ADDRESS 6751 SW 10 CT
CITY- ST- ZIP PEMBROKE PINES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP NO CHANGE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP NO CHANGE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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 empowerment.

SIGNATURE: Pastor Walter L. Simpson -- 2/22/08 305 758 2012 Res