

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90175 020 ****61.25

DOCUMENT # N95000005840

1. Entity Name

HARVEST HOUSE OUTREACH CENTER, INC.



Principal Place of Business

**7750 N.W. 4TH AVENUE
MIAMI FL 33150
US**

Mailing Address

**7821 NW 4 CT
MIAMI FL 33150**

2. Principal Place of Business

7750 NW 4th Ave R

3. Mailing Address

7821 NW 4th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami FL

City & State

miami FL

Zip

33150

Country

Dade

Zip

33150

Country

Dade

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

Pastor Walter L Simpson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/6/03

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **MD** ☐ Delete
NAME **SIMPSON, BARBARA V**
STREET ADDRESS **7821 NW 4 CT**
CITY-ST-ZIP **MIAMI FL 33150**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Pastor Walter L Simpson

5/6/03

CR2E037 (10/02)