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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005990 (5)
1. Corporation Name
HARVEST OUTREACH, INC.



Principal Place of Business 305 FERN POINTE LN. PENSACOLA FL 32305	Mailing Address 305 FERN POINTE LN. PENSACOLA FL 32305-1855
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3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 03/11/1996
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21 7280 PLANTATION RD	26 4061 LEESWAY CIRCLE
22 SUITE "B"	27
23 PENSACOLA FLORIDA	28 PENSACOLA FLORIDA
24 32505	25 ESCAMBIA
29 32504	30 ESCAMBIA

4. FEI Number 59-3354817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEPINAY, ROBERT M
305 FERN POINTE LN.
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of this corporation in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert M. Lepinay* DATE **4/1/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEPINAY, ROBERT M	
STREET ADDRESS	305 FERN POINTE LN.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEPINAY, DEBRAH B	
STREET ADDRESS	305 FERN POINTE LN.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DALEY, PATRICK T	
STREET ADDRESS	4061 LEESWAY CIR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DALEY, DEIRDRE M	
STREET ADDRESS	4061 LEESWAY CIR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)