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Feb 12 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 # N96000000068 (4)

1. Corporation Name
HARVEST CHAPEL OF CORAL SPRINGS, INC.



Principal Place of Business 992 NW 83RD DRIVE CORAL SPRINGS FL 33071 US	Mailing Address P O BOX 772981 CORAL SPRINGS FL 33077-2981 US
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3. Date Incorporated or Qualified 12/27/1995	3a. Date of Last Report 03/15/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number APPLIED FOR 65-0646811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MACHADO, JOHN
2725 SW 108TH AVE 180th Ave
MIRAMR FL 33029**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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, or both, 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 *[Signature]* **2/2/97**
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	MACHADO, JOHN	
STREET ADDRESS	9408 NW 38TH ST	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCCLURG, TIM	
STREET ADDRESS	9408 NW 38TH ST	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HYLTON, RODNEY	
STREET ADDRESS	9408 NW 38TH ST	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HOHN, BILL	
STREET ADDRESS	9408 NW 38TH ST	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GARDNER, DAVID	
STREET ADDRESS	9408 NW 38TH ST	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, JEFF D	
STREET ADDRESS	992 NW 83RD DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL	

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.

SIGNATURE: *[Signature]* **2/2/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026275

CP2E037 (9/96)