SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 30 1998 8:00am
Secretary of State

DOCUMENT # N97000000081 (6)

1. Corporation Name
SEED OF HARVEST MINISTRIES, INC.

Principal Place of Business	Mailing Address
10091 NW 39TH COURT CORAL SPRINGS FL 33065	10091 NW 39TH COURT CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 01/07/1997

4. FEI Number: 65-0711840 (12/2/98) ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6331 NW 95th LANE	26 6331 NW 95th LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PARKLAND, FL.	City & State 28 PARKLAND, FL.
Zip 24 33076 Country 25 U.S.A.	Zip 29 33076 Country 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, RICK 10091 NW 39TH COURT CORAL SPRINGS FL 33065	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6331 NW 95th LANE 83 84 City PARKLAND FL 85 Zip Code 33076

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WOODSON, HAROLD		1.2 NAME	
STREET ADDRESS	P.O. BOX 460646 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78246		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MEARES, DON		2.2 NAME	
STREET ADDRESS	12602 LONGWATER DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MITCHELLVILLE MD 20721-2531		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, RICK		3.2 NAME	
STREET ADDRESS	10091 NW 39TH COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, KATHY		4.2 NAME	
STREET ADDRESS	10091 NW 39TH COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, BOB		5.2 NAME	
STREET ADDRESS	718 E PENINSULA DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	COPPELL TX 75019		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/98)

14. 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 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: Kathy Thomas 9/16/98 (954) 972-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # EXT