

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90025 031 ****61.25

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DOCUMENT # N97000000081

1. Corporation Name

SEED OF HARVEST MINISTRIES, INC.

Principal Place of Business

6331 NW 95TH LANE
PARKLAND FL 33076
US

Mailing Address

6331 NW 95TH LANE
PARKLAND FL 33076
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/07/1997

4. FEI Number

65-0711840

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, RICK
6331 NW 95TH LANE
PARKLAND FL 33076

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MEARES, DON
STREET ADDRESS 12602 LONGWATER DR
CITY-ST-ZIP MITCHELLVILLE MD 20721-2531

TITLE D ☐ DELETE

NAME THOMAS, RICK
STREET ADDRESS 10091 NW 39TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ DELETE

NAME THOMAS, KATHY
STREET ADDRESS 10091 NW 39TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ DELETE

NAME WRIGHT, BOB
STREET ADDRESS 718 E PENINSULA DRIVE
CITY-ST-ZIP COPPELL TX 75019

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME THOMAS, RICK
2.3 STREET ADDRESS 6331 NW 95 LANE
2.4 CITY-ST-ZIP PARKLAND, FL 33076

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME THOMAS, KATHY
3.3 STREET ADDRESS 6331 NW 95 LANE
3.4 CITY-ST-ZIP PARKLAND, FL 33076

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 (954) 757-7345

CR2E037 (11/98)