## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9700001611 (9)

SOUL'S HARVEST COMMUNITY DEVELOPMENT, INC.

Principal Place of Business Mailing Address					- 1 JOSENIAN DIA 18111 EBBIT BOTTI OBENI BOTTI BOTTI BOTTI BOTTI BOTTI BOTTI BOTTI BOTTI BOTTI	
972 W HALLANDALE BEACH BLVD 972 W HALLANDA HALLANDALE FL 33009 HALLANDALE FL			CH BLVD		3- Date Incorporated or Qualified	
					03/17/1997 4. FEI Number Applied For	
					65-0735690 Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional	
21		26			Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State			7- Is this nonprofit corporation a homeowners association?  Yes No	
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the current year Intangible	
24 25 29 29 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	it Hedisteted Westi	8	Name	10. Name and Address of New Registered Agent	
MARSHALL, FRED			L			
	IALLANDALE BEACH BLVD		8:	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	DALE FL 33009		8	<u></u>		
, and an	DAGE 1 C 00000			1 64		
			8	City	FL  85   Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above					orporation submits this statement for the purpose of changing its registered	
agent. I a		ations of, Section 617.0503, F	lorida Statut	es.	ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE .	FRED MAYSH				guired when reinstating)  DATE	
12.	Signature, typed or printed name of registered ago	ent and lifte if applicable (NC	13.	gent signature rec	adulted when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	DELETE	1.1 TITLE		Change Addition	
NAME	MARSHALL, FRED		1.2 NAME	1		
STREET ADDRESS	4321 NW 27TH ST		1.3 STRE	1 ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33313		1.4 CITY	ST-ZIP		
TITLÉ	<b>S</b> D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	WILSON, CASSANDRA		2.2 NAME			
STREET ADDRESS	37 SW 18TH AVE		2.3 STRE	T ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312	Driese	2.4 CITY	·S1-ZIP		
TITLE	MADONALI CADOLVA	☐ DELETE	3.1 TITLE	1	☐ Change ☐ Addition	
NAME STREET ADDRESS	Marshall, Carolyn 4321 NW 27TH ST		3.2 NAME	T ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33313		3.4. CITY			
TITLE	D	DELETE	4.1 TITLE	U. EH	Change Addition	
NAME	MCCLARY, KATHLEEN		4. 2 NAM			
STREET ADDRESS	1604 NW 15TH CT		4.3 STREE	1 ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33313		4.4 CiTY	ST-ZIP		
TITLE	D	DELETE	5.1 TITLE	i i	Change Addition	
NAME	SMITH, PENNY		5.2 NAME			
STREET ADDRESS	4400 SW 19TH ST			T ADDRESS		
CITY-ST-ZIP TITLE	HOLLYWOOD FL 33023	DELETE	5.4 CiTY-		☐ Change ☐ Addition	
NAME	ARCHIE, DORIS	□ ntreit	6.1 TITLE 6.2 NAME	1	Cuange Addition	
STREET ADDRESS	325 NW 205 TERR			T ADDRESS		
CITY-ST-7ID	MIAMI FI 33160		B.3 SINCE			

14. Thereby 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:

CR2E037 (10/97)

**FILED** 

Jun 11 1998 8:00am

Secretary of State