

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006904

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** HARVEST A.M.E. CHURCH OF PAHOKEE, INC.

**Current Principal Place of Business:**

825 LARRIMORE RD  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 410  
PAHOKEE, FL 33476

**New Mailing Address:**

**FEI Number:** 65-0754774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, PATRICIA  
145 APPLE AVE  
PAHOKEE, FL 33476 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALLACE, PATRICIA  
Address: 145 APPLE AVE  
City-St-Zip: PAHOKEE, FL 33476

Title: D  
Name: CRAWFORD, TIFFANY  
Address: 8833 EL DORADO DR  
City-St-Zip: PAHOKEE, FL 33476

Title: D  
Name: MITCHELL, ANGELA  
Address: 498 EAST JORDAN BLVD  
City-St-Zip: PAHOKEE, FL 33476

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA S. WALLACE

REV.

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date