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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

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

373318 - 90053 - 43

DOCUMENT # N97000006945

1. Corporation Name
WORLD HARVEST MINISTRIES INC

Principal Place of Business	Mailing Address
2900 UNIVERSITY DR APT #1 TAMPA FL 33612	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	JAN 1 1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59 3847102 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
25	29 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAROLD D CAFFEE PRESIDENT 2900 UNIVERSITY DR APT #1 TAMPA, FL 33612	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 _____ 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		
				☐ Change	☒ Addition
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	OFFICER	
NAME	HAROLD D CAFFEE, D		1.2 NAME	FRED EDWARDS, D	
STREET ADDRESS	2900 UNIVERSITY DR APT #1		1.3 STREET ADDRESS	2203 RAINBOW AVE	
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP	SEBRING FL 33870	
				☐ Change	☒ Addition
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	OFFICER	
NAME	MARK A CAFFEE		2.2 NAME	DAVID MATHIS, D	
STREET ADDRESS	POB 512		2.3 STREET ADDRESS	2009 W 44th ST	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423		2.4 CITY-ST-ZIP	INDIANAPOLIS IN 46208	
				☐ Change	☐ Addition
TITLE	SEC/TRE	☐ DELETE	3.1 TITLE		
NAME	VIVIAN CAFFEE		3.2 NAME		
STREET ADDRESS	2900 UNIVERSITY DR APT #1		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		3.4 CITY-ST-ZIP		
				☐ Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
				☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
				☐ Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: HDCaffee PRESIDENT (HAROLD D CAFFEE) 3/25/1999 813-978-1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)