

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -4 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005363

1. Entity Name
SOUL HARVEST WORD, WORSHIP AND PRAISE
MINISTRIES, INC.



Principal Place of Business
9305 MARICAMP ROAD
OCALA, FL 34472

Mailing Address
9 BAHIA PLACE LOOP
OCALA, FL 34472



09282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3534670
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLINS, ESTELLA
9 BAHIA PLACE LOOP
OCALA, FL 34472

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DECLARATION

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOLLINS, ESTELLA
STREET ADDRESS 1118 N.W. 7TH AVE.
CITY-ST-ZIP Ocala, FL 34474

TITLE D
NAME WILSON, GLORIA
STREET ADDRESS 1118 N.W. 7TH AVE.
CITY-ST-ZIP Ocala, FL 34474

TITLE D
NAME WILLIAMS, MARVENETTE
STREET ADDRESS 17140 N.W. 24TH CT.
CITY-ST-ZIP MIAMI, FL 33056

TITLE D
NAME PALMER, DR. CORA LEE
STREET ADDRESS 2340 N.W. 184TH ST.
CITY-ST-ZIP MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400041564814
10/04/04--01031--003 *\$70.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. Estella Hallin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/04

680-7240
Daytime Phone #

4004A00057714