

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90253 010 \*\*\*\*61.25

**DOCUMENT # N99000003728**

1. Entity Name

**WORLD HARVEST AND RESTORATION MINISTRIES,  
INC.**



Principal Place of Business

2200 N AVON BLVD  
AVON PARK FL 33825

Mailing Address

861 N RIVERDALE ROAD  
AVON ROAD FL 33825

**54030891**



MOORE CR2E037 (11/03)

2. Principal Place of Business

2200 N. Avon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Avon Park, FL.

City & State

4. FEI Number

65-0860803

Applied For

Not Applicable

Zip

33825

Country

Highlands

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, VICTOR W  
505 E MAIN ST  
BARTOW FL 33830

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROGERS, WILLIAM H ☐ Delete  
STREET ADDRESS 861 N RIVERDALE ROAD  
CITY-ST-ZIP AVON PARK FL 33825

TITLE VD  
NAME KENDRICK, JULIAN ☐ Delete  
STREET ADDRESS 3188 N POCATELLO ROAD  
CITY-ST-ZIP AVON PARK FL 33825

TITLE STD  
NAME TERRELL, LINDA ☐ Delete  
STREET ADDRESS 1072 BOYD COWART RD  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William H. Rogers* (William H. Rogers - PD)

4-8-04

863-453-3771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #