2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # N9900007109 1. Entity Name THE HARVEST IS PLENTY MINISTRY OF MISSION, INC. 04-24-2001 90039 004 ****61.25 Principal Place of Business Mailing Address 1490 NW 3RD AVE.#106 1490 NW 3RD AVE.#106 MIAMI, FL 33136 MIAMI, FL 33136 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE .Suite, Apt. #, etc حے Suite, Apt..#; etc, جے Applied For City & State FEI Numbe City & State 65 09661 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. □ Addition ☐ Change ☐ Delete TITLE PTD TITLE NAME JOHNSON, CHERYL L NAME STREET ADDRESS STREET ADDRESS 1490 NW 3RD AVE.#106 CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33136 ☐ Addition TITLE Director Change Change ☐ Delete SD TITLE Danisa A. Johnson NAME JOHNSON, DENISE A NAME 1490 NW 3RD AVE.#106 STREET ADDRESS STREET ADDRESS 1490 NW 3RD AVE.#106 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33136 MIAMI, FL 33136 Change ☐ Addition TITLE Delete TITLE NAME **BULLOCK. ISAIAH A** NAME 1490 NW 3RD AVE.#106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI, FL 33 136</u> ☐ Change ☐ Addition TITLE TITLE NAME NAME.-STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition xcretary □ Delete TITLE Marje Johes 2831 NE 60 Strogg NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, without the receiver of the chapter 617. SIGNATURE: