

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742009

**Entity Name:** HARVEST FIRE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

18291 N.W. 23 AVENUE  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

18291 N.W. 23 AVENUE  
MIAMI GARDENS, FL 33056

**FEI Number: 31-1603931**

**Certificate of Status Desired: Yes**

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

CLARKE, DONALD F REV  
395 NE 154 ST  
MIAMI, FL 33162 US

*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

**Officer/Director Detail :**

Title VD  
Name CLARKE, HELGA  
Address 395 NE 154TH STREET  
City-State-Zip: MIAMI FL 33162

Title PD  
Name CLARKE, DONALD F.(REV.)  
Address 395 NE 154 ST  
City-State-Zip: MIAMI FL 33162

Title SD  
Name WILLIAMS, BYRON E.  
Address 7782 NW 18 STREET  
City-State-Zip: PEMBROKE PINES FL 33024

Title T  
Name HARVEY, HYGLIVE, D  
Address 967 NE 145 STREET  
City-State-Zip: MIAMI FL 33161

Title D  
Name CLARKE, DONALD  
Address 7900 NW 6 STREET #105  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name HARDING, DERRICK  
Address 18445 NW 10 COURT  
City-State-Zip: MIAMI FL 33169-3755

*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: DONALD F CLARKE**

**PRESIDENT**

**03/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date