

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002090

**Entity Name:** FAITH HARVEST CHRISTIAN CENTER INC.

**Current Principal Place of Business:**

4514 SAN SEBASTIAN CIR.  
ORLANDO, FL 32808

**Current Mailing Address:**

4514 SAN SEBASTIAN CIR  
ORLANDO, FL 32808 US

**FEI Number:** 47-3259294

**Certificate of Status Desired:** No

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

SHEFFIELD, JOAN  
4514 SAN SEBASTIAN CIR  
ORLANDO, FL 32808 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 P  
Name BLACKMAN, DONNEL E  
Address 4514 SAN SEBASTIAN CIR  
City-State-Zip: ORLANDO FL 32808

Title VP  
Name SHEFFIELD, JOAN  
Address 4514 SAN SEBASTIAN CIR  
City-State-Zip: ORLANDO FL 32808

Title SO  
Name SHEFFIELD, LASHAE  
Address 4514 SAN SEBASTIAN CIR  
City-State-Zip: ORLANDO FL 32808

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:** DONNEL E BLACKMAN

**PRESIDENT**

**02/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date