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 appear	s
above, or on an attachment with all other like empowered.	

BISHOP

SIGNATURE: ANTHONY TAYLOR

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000002350

Entity Name: THE HARVEST FOR LOST SOULS INTERNATIONAL, INC.

Current Principal Place of Business:

2501 BRISTOL DRIVE SUITES A-11-12 WEST PALM BEACH, FL 33409

Current Mailing Address:

2501 BRISTOL DRIVE SUITES A-11-12 WEST PALM BEACH, FL 33409 US

FEI Number: 81-4386104

Name and Address of Current Registered Agent:

TAYLOR, ANTHONY M SR. 5157 NORMA ELAINE RD. WEST PALM BEACH, FL 33417 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

Officer/Director Detail :

Title	Ρ	Title	VP
Name	TAYLOR, ANTHONY M SR.	Name	CAMPBELL, CLAUDIA B
Address	5157 NORMA ELAINE RD.	Address	5157-A
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	NORMA ELAINE RD. FL 33417
Title	т		
Name	TAYLOR, AMAL		
Address	5157 NORMA ELAINE RD.		
City-State-Zip:	WEST PALM BEACH FL 33417		

Certificate of Status Desired: No

FILED Apr 08, 2020 Secretary of State 4420552154CC

> 04/08/2020 Date

Date