

**2018 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**

**Certificate of Status Desired: No**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name TAYLOR, ANTHONY M SR.  
Address 5157 NORMA ELAINE RD.  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP  
Name CAMPBELL, CLAUDIA B  
Address 5157-A  
City-State-Zip: NORMA ELAINE RD. FL 33417

Title T  
Name TAYLOR, AMAL  
Address 5157 NORMA ELAINE RD.  
City-State-Zip: WEST PALM BEACH FL 33417

*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: ANTHONY TAYLOR**

**PRESIDENT**

**04/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date