I hereby certify that the information indicated on this report or supplemental report is true and accu oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exe		
above, or on an attachment with all other like empowered.		
SIGNATURE: ANTHONY TAYLOR	PRESIDENT	03/29/2024

#### SIGNATURE: ANTHONY TAYLOR

Electronic Signature of Signing Officer/Director Detail

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

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

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

DOCUMENT# N1600002350

# **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	Р	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 Mar 29, 2024 Secretary of State 0635808017CC

Date

Date