

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003453

Entity Name: HERALD OF HARVEST MINISTRIES APOSTOLIC FAITH, INC.**Current Principal Place of Business:**4710 NW 165TH STREET
MIAMI GARDENS, FL 33014**Current Mailing Address:**4710 NW 165TH STREET
MIAMI GARDENS, FL 33014 US**FEI Number:** 65-0596325**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALKER BOOKKEEPING & TAX SVCS
2950 NW 208 TERRACE
MIAMI GARDENS, FL 33056 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	PD
Name	WALKER, STEVE E
Address	20820 N.W. 28TH COURT
City-State-Zip:	MIAMI GARDENS FL 33056

Title	T
Name	WALKER, LORRAINE
Address	20820 NW 28 COURT
City-State-Zip:	MIAMI GARDENS FL 33056

Title	TRUS
Name	WALKER, JASON
Address	2950 NW 208 TERR.
City-State-Zip:	MIAMI GARDENS FL 33056

Title	SDV
Name	MICHAEL, MAVIS
Address	113 NE 108 ST
City-State-Zip:	MIAMI FL 33161

Title	AT
Name	WALKER, ANDREA
Address	2082 NW 28 COURT
City-State-Zip:	MIAMI GARDENS FL 33056

Title	TRUS
Name	EBANKS, LAWRENCE
Address	1965 NW 186 ST
City-State-Zip:	MIAMI GARDENS FL 33056

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: STEVE WALKER**PRESIDENT****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date