

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006904

**Entity Name:** HARVEST A.M.E. CHURCH OF PAHOKEE, INC.

**Current Principal Place of Business:**

825 LARRIMORE RD  
PAHOKEE, FL 33476

**Current Mailing Address:**

P O BOX 410  
PAHOKEE, FL 33476

**FEI Number: 65-0754774**

**Certificate of Status Desired: Yes**

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

REID, III, FRANK MADISON BISHOP  
101 EAST UNION STREET  
JACKSONVILLE, FL 32202 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: FRANK MADISON REID, III**

**01/21/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCINTOSH, SONYA J  
Address 2687 REIDS CAY  
City-State-Zip: WEST PALM BEACH FL 33411

Title D  
Name CRAWFORD, TIFFANY  
Address 8833 EL DORADO DR  
City-State-Zip: PAHOKEE FL 33476

Title D  
Name MITCHELL, ANGELA  
Address 498 EAST JORDAN BLVD  
City-State-Zip: PAHOKEE FL 33476

Title STEWARD PRO TEM  
Name HUDSON, TAMEKA L  
Address 320 W 5TH TERRACE  
City-State-Zip: PAHOKEE FL 33476

Title TRUSTEE PRO-TEM  
Name JOHNSON, DOROTHY  
Address 260 RARDIN AVE  
City-State-Zip: PAHOKEE FL 33476

*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: ANGELA MITCHELL**

**SECRETARY**

**01/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date