

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003118

Entity Name: VISION OF HARVEST MINISTRIES, INC.**Current Principal Place of Business:**4225 SW UTTERBACK STREET
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**4225 SW UTTERBACK STREET
PORT SAINT LUCIE , FL 34953 US**FEI Number:** 65-0844716**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORTON, SR., ANTHONY L PASTOR
4225 SW UTTERBACK STREET
PORT SAINT LUCIE, FL 34953 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	MORTON, SR., ANTHONY L
Address	4225 SW UTTERBACK STREET
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	SD
Name	TENNYSON, VELMA
Address	3670 NW 32ND STREET
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	D
Name	MORTON, ANTHONY L JR
Address	3684 NORTHWEST 32ND STREET
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	VPD
Name	MORTON, CONNIE L
Address	3684 NORTHWEST 32ND STREET
City-State-Zip:	LAUDERDALE LAKES FL 33309

Title	TD
Name	MORTON/ OATES, GLORIA
Address	4151 NW 12TH AVENUE
City-State-Zip:	POMPANO BCH FL 33064

Title	D
Name	WILLIAMS, CHARMAINE
Address	3160 N.W. 5TH COURT
City-State-Zip:	LAUDERHILL FL 33311

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 MORTON SR.

PD

03/21/2025

Electronic Signature of Signing Officer/Director Detail_____
Date