

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003118

**Entity Name:** VISION OF HARVEST MINISTRIES, INC.**Current Principal Place of Business:**3684 NORTHWEST 32ND STREET  
LAUDERDALE LAKES, FL 33309**Current Mailing Address:**3684 NORTHWEST 32ND STREET  
LAUDERDALE LAKES, FL 33309**FEI Number:** 65-0844716**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORTON, SR., ANTHONY L PASTOR  
3684 NORTHWEST 32ND STREET  
LAUDERDALE LAKES, FL 33309 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 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 SD  
Name TENNYSON, VELMA  
Address 3670 NW 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 MORTON, ANTHONY L JR  
Address 3684 NORTHWEST 32ND STREET  
City-State-Zip: LAUDERDALE LAKES FL 33309

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****PRESIDENT****02/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date