

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004425

FILED
Feb 27, 2009
Secretary of State

Entity Name: SOUL HARVEST CHURCH OF GOD, INC.

Current Principal Place of Business:

6304 HYDE PARK HAVEN
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P O BOX 28314
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3666835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, DARNELL L SR
11544 TORI LANE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

MORRIS, CLARICE
6304 HYDE PARK HAVEN
JACKSONVILLE, FL 32210 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: CLARICE MORRIS

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, CLARICE M
Address: 11544 TORI LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D3 () Delete
Name: SAMUELS, LONNIE III
Address: 5327 TIMUQUANA RD T106
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SAMPSON, MERCEDES
Address: PO BOX 28314
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: BAKER, MARLON
Address: POST OFFICE BOX 28314
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: VIOLANTE, GERALDINE
Address: 647 MELBA ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Delete
Name: ARNOLD, NATALIE
Address: 2032 SIXTH ST
City-St-Zip: MEMPHIS, TN 38145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRIS, CLARICE M
Address: 6304 HYDE PARK HAVEN
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLARICE M MORRIS

D

02/27/2009

Electronic Signature of Signing Officer or Director

Date