2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N94000005386

Entity Name: CHRISTIAN HARVEST CHURCH, INC.

Current Principal Place of Business:

3406 MTN. LK. CUTOFF RD
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3
ALTURAS, FL 33820 US

New Mailing Address:

FEI Number: 59-3294804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALTMAN, JAMES
1554 BARNHORST RD
BARTOW, FL 338309437 US

Name and Address of New Registered Agent:

ALTMAN, JAMES W
1554 BARNHORST RD
BARTOW, FL 338309437 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: JAMES W. ALTMAN 01/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALTMAN, JAMES W
Address: 1554 BARNHORST RD.
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: HOGAN, EMORY
Address: 5029 ABC ROAD
City-St-Zip: LAKE WALES, FL

Title: D ( ) Delete
Name: MCLEON, ROBERT
Address: 3744 HWY 65 E
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: HEWITT, JR, JAMES
Address: 443 LEMON ST
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
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: JAMES W. ALTMAN PRES 01/22/2009
Electronic Signature of Signing Officer or Director Date