

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009518

**Entity Name:** NEW HARVEST MISSIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

6029 MOOG RD  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

PO BOX 458  
ELFERS, FL 34680 US

**FEI Number:** 43-2062423

**Certificate of Status Desired:** No

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

WALLER, RONALD D  
5332 MAIN STREET  
NEW PORT RICHEY, FL 35652 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 DP  
Name ADAWONU, AGBETI N  
Address 6029 MOOG ROAD  
City-State-Zip: NEW PORT RICHEY FL 34653

Title DIRECTOR, SECRETARY  
Name HUNTER, RICHARD A  
Address 28432 TALL GRASS DR  
City-State-Zip: WESLEY CHAPEL FL 33543

Title DIRECTOR  
Name SMITH, FLETCHER  
Address 15242 SOUTHPORT DR  
City-State-Zip: TYLER TX 75703

Title DT  
Name NICHOLAS, GEORGE  
Address 12322 CASSOWARY LN  
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR  
Name HAYES, RICHARD W  
Address 11902 LITTLE RD  
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR, VP  
Name LAROSE, WILLARD  
Address 706 HARMONY WAY  
City-State-Zip: CENTREVILLE MD 21617

*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:** AGBETI ADAWONU

**PRESIDENT**

**03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date