

2017 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****01/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date