

2014 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 DV
Name AYLOR, OSCAR R
Address 875 SCALES RD
City-State-Zip: SUWANEE GA 30024

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

Title DIRECTOR
Name WEAVER, JIM
Address 627 VANCE NECK RD
City-State-Zip: MIDDLETOWN DE 19709

Title DIRECTOR
Name MCWHINNIE, JIM
Address 401 CROSSBILL CT
City-State-Zip: SALEM SC 29676

Title DIRECTOR
Name BARTEE, DENVER
Address 62 SPRINGMILL DR
City-State-Zip: MIDDLETOWN DE 19709

Title DIRECTOR
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: GEORGE NICHOLAS**DIRECTOR****01/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date