## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004463

Entity Name: HARVEST HOUSE, INC.

**Current Principal Place of Business:** 

300 MOUNTAIN DR. DESTIN, FL 32541

**Current Mailing Address:** 

**PO BOX 372** 

DESTIN. FL 32540

FEI Number: 59-3255093 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OGLE, JERRY 155 PARADISE PT LANE SANTA ROSA BEACH FL 32459 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

Date

**FILED** Jan 27, 2015

**Secretary of State** 

CC7398481230

Officer/Director Detail:

Title **PRESIDENT** Title BD

OGLE, JERRY DYAS, JULIE Name Name

Address P.O. BOX 1181 603 MOUNTAIN DR. Address

APT.1

Title

BD

City-State-Zip: DESTIN FL 32540 City-State-Zip:

DESTIN FL 32541

Title **BOARD OF DIRECTOR** 

Name WIND, MIKE Name

Electronic Signature of Signing Officer/Director Detail

MCGEE, JERRY Address 4325 COMMONS DR. WEST

615 CHOCKTAW DRIVE Address DESTIN FL 32541 City-State-Zip:

City-State-Zip: DESTIN FL 32541

Title D Title **BOARD OF DIRECTOR** 

Name JOYNER, LORI A Name BELCHER, JASON PO BOX 1823

Address 34990 EMERALD COAST PARKWAY City-State-Zip: DESTIN FL 32540

City-State-Zip: DESTIN FL 32541

Title SECRETARY, TREASURER BERG, MICAH

1008 AIRPORT RD. Address

SUITE F

Address

Name

City-State-Zip: DESTIN FL 32541

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.

01/27/2015 SIGNATURE: LORI JOYNER EXECUTIVE DIRECTOR