

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004463

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC7398481230**

**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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OGLE, JERRY  
Address        P.O. BOX 1181  
City-State-Zip: DESTIN FL 32540

Title            BD  
Name            DYAS, JULIE  
Address        603 MOUNTAIN DR.  
                  APT. 1  
City-State-Zip: DESTIN FL 32541

Title            BOARD OF DIRECTOR  
Name            WIND, MIKE  
Address        4325 COMMONS DR. WEST  
City-State-Zip: DESTIN FL 32541

Title            BD  
Name            MCGEE, JERRY  
Address        615 CHOCKTAW DRIVE  
City-State-Zip: DESTIN FL 32541

Title            D  
Name            JOYNER, LORI A  
Address        PO BOX 1823  
City-State-Zip: DESTIN FL 32540

Title            BOARD OF DIRECTOR  
Name            BELCHER, JASON  
Address        34990 EMERALD COAST PARKWAY  
City-State-Zip: DESTIN FL 32541

Title            SECRETARY, TREASURER  
Name            BERG, MICAH  
Address        1008 AIRPORT RD.  
                  SUITE F  
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.*

**SIGNATURE: LORI JOYNER**

**EXECUTIVE DIRECTOR**

**01/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date