2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# 709589

Entity Name: HAROLD WARNER EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

9154 CR 647 C
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

9154 CR 647 C
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 59-1162921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARNER, HAROLD
9154 CR 647 C
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

WARNER, HAROLD PD
9154 CR 647 C
BUSHNELL, FL 33513 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: HAROLD WARNER 01/25/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WARNER, HAROLD
Address: 9154 CR 647 C
City-St-Zip: BUSHNELL, FL 33513

Title: VD ( ) Delete
Name: NASWORTHY, ELBERT
Address: 2213 PRESERVATION DR.
City-St-Zip: PLANT CITY, FL 33567

Title: SD ( ) Delete
Name: MELVIN, NED
Address: 591 N JACKSON
City-St-Zip: FREEPORT, FL 32439

Title: TD ( ) Delete
Name: WARNER, ELEANOR
Address: 9154 CR 647 C
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAROLD WARNER PD 01/25/2006
Electronic Signature of Signing Officer or Director Date