

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733513

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: HARVEST MINISTRIES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

2550 FOURAKER RD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

2550 FOURAKER RD  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-1607579      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, BASCOM O  
2510 FOURAKER RD  
JACKSONVILLE, FL 32210      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WHEELER, THOMAS F  
Address: 9072 COUNTRY MILL LANE  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VD ( ) Delete  
Name: SMITH, CLIFTON  
Address: 7 WEST MAIN ST., SUITE 300  
City-St-Zip: APOPKA, FL 32703

Title: PD ( ) Delete  
Name: SMITH, BASCOM O  
Address: 2510 FOURAKER ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete  
Name: WARREN, SHARON  
Address: 8488 BANDERA CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: PARKS, MARY H  
Address: 1660 LANE AVE S SUITE 8  
City-St-Zip: JACKSONVILLE, FL 32210

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: HEATHER PARKS

TD

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date