

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# 733513

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: PARKS, MARY H
Address: 1660 LANE AVE S SUITE 8
City-St-Zip: JACKSONVILLE, FL 32210

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: () 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: MARY H. PARKS

TD

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date