

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733513

FILED
Mar 21, 2011
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 ()

Name and Address of Current Registered Agent:

SMITH, BASCOM O JR
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
Name: WHEELER, THOMAS F
Address: 9072 COUNTRY MILL LANE
City-St-Zip: JACKSONVILLE, FL 32222

Title: VD
Name: YON, NELL
Address: 8012 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32221

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

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

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: THOMAS F WHEELER

TD

03/21/2011

Electronic Signature of Signing Officer or Director

Date