

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733816

FILED
Mar 27, 2007
Secretary of State

Entity Name: HARVEST LIFE CHURCH MINISTRIES OF CRESTVIEW, FLORIDA, INCORPORATED

Current Principal Place of Business:

5978 OLD BETHEL ROAD
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

5978 OLD BETHEL ROAD
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-2327138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORDAN, STANLEY F.
5912 OAKHILL RD
CRESTVIEW, FL 32536 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: STD () Delete
Name: JORDAN, STANLEY F
Address: 5912 OAKHILL ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: HOOD, RICHARD D
Address: 126 KIPLING DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: PD () Delete
Name: WALTERS, HAROLD D
Address: 5988 OLD BETHEL ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: BRYANT, ROBIN R
Address: 5181 GRIFFITH MILL RD
City-St-Zip: HOLT, FL 32564

Title: D () Delete
Name: BRYANT, FREDDIE L
Address: 5181 GRIFFITH MILL RD
City-St-Zip: HOLT, FL 32564

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: WALTERS, HAROLD D
Address: 309 TRINIDAD COURT
City-St-Zip: CRESTVIEW, FL 32536

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

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

Title: D () Change (X) Addition
Name: WALTERS, BRENDA
Address: 309 TRINIDAD COURT
City-St-Zip: CRESTVIEW, FL 32536

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: ROBIN R BRYANT

D

03/27/2007

Electronic Signature of Signing Officer or Director

Date