
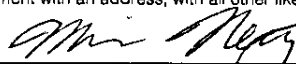


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90018 042 \*\*\*\*61.25

|  |                            |   |   |   |  |
|--|----------------------------|---|---|---|--|
| <b>DOCUMENT # 739156</b>   |                            |   |   |                |  |
| 1. Entity Name<br><b>HARVEST COMMUNITY CHURCH OF JUPITER, INC.</b>   |                            |   |   |   |  |
| Principal Place of Business<br>100 S. PENNOCK LANE<br>JUPITER, FL 33458  |                            | Mailing Address<br>100 S. PENNOCK LANE<br>JUPITER, FL 33458   |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                            | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                            | City & State  |   |   |  |
| Zip  | Country                    | Zip   | Country   | 4. FEI Number<br><b>59-1874899</b>  |  |
|  |                            |   |   | Applied For<br>Not Applicable   |  |
|  |                            |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |                            |   | 7. Name and Address of New Registered Agent           |   |  |
| <b>NEMITZ, MARVIN</b><br>6335 FOSTER ST<br>JUPITER, FL 33458   |                            |   | Name  |   |  |
|  |                            |   | Street Address (P.O. Box Number is Not Acceptable)    |   |  |
|  |                            |   | City  |   |  |
|  |                            |   | <b>FL</b>   |   | Zip Code   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                            |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                            |   |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |                            |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE  | SD                         | <input type="checkbox"/> Delete   | TITLE   | T   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | EIDSON, ROBERT             |   | NAME  | Eidson, Robert  |  |
| STREET ADDRESS   | 2729 SW VERSAILLES TERRACE |   | STREET ADDRESS  | 2729 SW Versailles Terrace  |  |
| CITY-ST-ZIP  | STUART, FL 34997           |   | CITY-ST-ZIP   | Stuart, FL 34997  |  |
| TITLE  | D                          | <input type="checkbox"/> Delete   | TITLE   | S   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | KEY, GREG                  |   | NAME  | Key, Greg   |  |
| STREET ADDRESS   | 135 PINE HAMMOCK CT        |   | STREET ADDRESS  | 135 Pine Hammock CT   |  |
| CITY-ST-ZIP  | JUPITER, FL 33458          |   | CITY-ST-ZIP   | Jupiter, FL 33458   |  |
| TITLE  | D                          | <input checked="" type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | PLANES, TONY               |   | NAME  | Mickels, Sam  |  |
| STREET ADDRESS   | 6447 FOSTER STREET         |   | STREET ADDRESS  | 8942 SW Bonnevillle Dr  |  |
| CITY-ST-ZIP  | JUPITER, FL 33458          |   | CITY-ST-ZIP   | Stuart, FL 34997  |  |
| TITLE  | D                          | <input checked="" type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | FLECK, BRIAN               |   | NAME  | Beckerman, Don  |  |
| STREET ADDRESS   | 3300 VIA ROYAL APT 3310    |   | STREET ADDRESS  | 14172 64th Drive N  |  |
| CITY-ST-ZIP  | JUPITER, FL 33458          |   | CITY-ST-ZIP   | PBG, FL 33418   |  |
| TITLE  | P                          | <input type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | NEMITZ, MARVIN             |   | NAME  | Palosis, Mark   |  |
| STREET ADDRESS   | 6335 FOSTER ST             |   | STREET ADDRESS  | 15804 118th Trail N   |  |
| CITY-ST-ZIP  | JUPITER, FL 33458          |   | CITY-ST-ZIP   | Jupiter, FL 33478   |  |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                            |   | NAME  | Ripma, Gordon   |  |
| STREET ADDRESS   |                            |   | STREET ADDRESS  | 142 Pine Hill Trail W   |  |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   | Tequesta FL 33469   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                            |   |   |   |  |
| SIGNATURE:    |                            |   | Date: 3/7/08  |   | Daytime Phone #: 561-746-7962  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            |   | Date  |   | Daytime Phone #  |