2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 758493

Entity Name: HARVEST PREPARATION INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

455 INTERSTATE CT.
UNIT B
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

455 INTERSTATE CT.
UNIT B
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-2124134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHTER, DONALD
2611 SUNNYSIDE ST
SARASOTA, FL 34239 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:	PD	( ) Delete
Name:	RICHTER, DONALD	
Address:	2611 SUNNYSIDE ST	
City-St-Zip:	SARASOTA, FL 34239	
Title:	D	( ) Delete
Name:	KLINGER, ROBERT,	
Address:	2024 TANGLEWOOD DRIVE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	TD	( ) Delete
Name:	KLINGER, SALLY S	
Address:	2024 TANGLEWOOD DRIVE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	SD	( ) Delete
Name:	RICHTER, LOIS A	
Address:	2611 SUNNYSIDE ST	
City-St-Zip:	SARASOTA, FL 34239	
Title:	VD	( ) Delete
Name:	BEACHY, REUBEN	
Address:	1055 FOX CREEK DRIVE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	D	( ) Delete
Name:	BEACHY, ROSEMARY,	
Address:	1055 FOX CREEK DRIVE	
City-St-Zip:	SARASOTA, FL 34240	

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:	
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 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: SALLY S. KLINGER TD 01/30/2009

Electronic Signature of Signing Officer or Director — Date