2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# 765909

Entity Name: HARVEST TABERNACLE OF SARASOTA, INC.

Current Principal Place of Business:

209 N. LIME AVENUE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

209 N. LIME AVENUE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-2186807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINOR, MARGARET G
3111 49TH ST.
SARASOTA, FL 34234 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:	P	( ) Delete
Name:	MINOR, JAMES W	
Address:	3111 49TH STREET	
City-St-Zip:	SARASOTA, FL 34234	
Title:	VST	( ) Delete
Name:	MINOR, MARGARET G	
Address:	3111 49TH ST.	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	WAINRIGHT, RON	
Address:	728 DEAN AVE	
City-St-Zip:	SARASOTA, FL 34237	
Title:	D	( ) Delete
Name:	AMMONS, CLEO	
Address:	1210 29TH ST. E	
City-St-Zip:	PALMETTO, FL 34221	
Title:	D	( ) Delete
Name:	MINOR, JAMES R	
Address:	4001 TAMPICO DRIVE	
City-St-Zip:	SARASOTA, FL 34235	
Title:	D	( ) Delete
Name:	BENTLEY, THOMAS J	
Address:	3657 OAK GROVE DRIVE	
City-St-Zip:	SARASOTA, FL 34243	

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 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: MARGARET G MINOR VP 04/24/2007

Electronic Signature of Signing Officer or Director — Date