

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767412

FILED
Apr 27, 2012
Secretary of State

Entity Name: GENE A. YOUNGBLOOD "HARVEST MINISTRIES" EVANGELILISTIC ASSOCIATION, INC.

Current Principal Place of Business:

12021 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

12021 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 59-2518436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNGBLOOD, DR. GENE A.
12021 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32258 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: VPST
Name: YOUNGBLOOD, DR. DOROTHY C
Address: 12021 OLD ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: PD
Name: YOUNGBLOOD, DR. GENE A
Address: 12021 OLD ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD
Name: YOUNGBLOOD, GREGORY A
Address: PO BOX 57037
City-St-Zip: JACKSONVILLE, FL 32241

Title: VPD
Name: YOUNGBLOOD, GEOFFREY A
Address: 3824 RED'S GAIT
City-St-Zip: JACKSONVILLE, FL 32223

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: DR.GENE A. YOUNGBLOOD

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date