## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000004681

FILED Apr 30, 2009 Secretary of State

Entity Name: HARVEST INTERNATIONAL CHRISTIAN OUTREACH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1011 PERSIMMON STREET 1011 PERSIMMON STREET CELEBRATION, FL 34747 CELEBRATION, FL 34747 US

**Current Mailing Address: New Mailing Address:** 

1011 PERSIMMON STREET 1011 PERSIMMON ST

CELEBRATION, FL 34747 CELEBRATION, FL 34747 US

FEI Number: 47-0759687 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DARR, MICHAEL DARR, JULIE J VP 1011 PERSIMMON STREET 1011 PERSIMMON STREET CELEBRATION, FL 34747 US CELEBRATION, FL 34747 US

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: JULIE J. DARR 04/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MINEOLA, FL 34715

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition DARR, MICHAEL DARR, MICHAEL L PRES Name: Name: 1011 PERSIMMON STREET Address: 1011 PERSIMMON STREET

Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747 US

Title: Title: (X) Change ( ) Addition ( ) Delete DARR, JULIE Name: DARR, JULIE J VP Name:

Address: 1011 PERSIMMON STREET Address: 1011 PERSIMMON STREET City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747

Title: () Delete Title: MEMB (X) Change ( ) Addition NOVAK, THOMAS CAIN, MATTHEW BOARD Name: Name:

1112 CALLAWAY CIRCLE Address: Address: 1110 MISSION LANE City-St-Zip: CLERMONT, FL 34711 City-St-Zip: LANTANA, TX 76226

Title: DS ( ) Delete Title: MEMB (X) Change ( ) Addition Name: KENDALL, MICHAEL Name: KENDALL, MICHAEL J BOARD Address: 834 ELM FOREST DRIVE Address: 834 ELM FOREST DRIVE

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.

City-St-Zip:

MINEOLA, FL 34715

SIGNATURE: JULIE DARR VP 04/30/2009