

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001795

FILED
Mar 22, 2007
Secretary of State

Entity Name: SOULS HARVEST CHURCH, INC.

Current Principal Place of Business:

1557 EASTERN AVE.
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1557 EASTERN AVE.
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3630265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEADE, DONALD
1557 EASTERN AVE.
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

SHURTE, TROY
1557 EASTERN AVE.
ST. CLOUD, FL 34769 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: TROY SHURTE

03/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANCOCK, GEORGE
Address: 156 CLUB VILLAS LN.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: MEADE, DONALD
Address: 1557 EASTERN AVE.
City-St-Zip: ST. CLOUD, FL 34769

Title: D () Delete
Name: JOHNSON, WILLIE
Address: 1907 PINE NEEDLE TR.
City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: SHURTE, TROY
Address: 1557 EASTERN AVE.
City-St-Zip: ST. CLOUD, FL 34769

Title: MRS. (X) Change () Addition
Name: WILLIS, JEANNIE
Address: 190 ORANGE AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MR. (X) Change () Addition
Name: JOHNSON, WILLIE
Address: 1907 PINE NEEDLE TR.
City-St-Zip: KISSIMMEE, FL 34746

Title: MR. () Change (X) Addition
Name: DON, WILLIAMS
Address: 401 ROBINSON AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MR. () Change (X) Addition
Name: BILL, LAMBERT
Address: 700 MARYLAND AVENUE
City-St-Zip: ST CLOUD, FL 34769

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: TROY W. SHURTE

MR.

03/22/2007

Electronic Signature of Signing Officer or Director

Date