

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001795

FILED  
Feb 02, 2009  
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 ( )**

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

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

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

SHURTE, TROY W  
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 W SHURTE

02/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

**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:

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: TROY W SHURTE

MR

02/02/2009

Electronic Signature of Signing Officer or Director

Date