2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N00000003475

Entity Name: DAVID HARP MINISTRIES, INC.

Current Principal Place of Business:

617 S LAKEVIEW AVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

617 S LAKEVIEW AVE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 31-1724702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANT, DEBRA
617 S LAKEVIEW AVE
WINTER GARDEN, FL 34787 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: HARP, DAVID
Address: 617 S LAKEVIEW AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: V ( ) Delete
Name: HARP, JACQUELYN
Address: 617 S LAKEVIEW AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: T ( ) Delete
Name: HARP, DAVID JR
Address: 617 S LAKEVIEW AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: S ( ) Delete
Name: GANT, DEBORAH
Address: 617 S LAKEVIEW AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: JACKSON, TERRYE
Address: 1110 LINCOLN TERR.
City-St-Zip: WINTER GARDEN, FL 34787

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: DEBORAH GANT S 01/12/2009

Electronic Signature of Signing Officer or Director — Date