## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004314

Entity Name: MESSIAH'S HARVEST CHURCH, INC.

FILED Feb 11, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4700 SADDLEHORN TRL MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** PO BOX 65446 ORANGE PARK, FL 32065 FEI Number: 59-3664926 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RALEY, MASON D 4700 SADDLEHORN TRL MIDDLEBURG, FL 32068 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCOB** () Delete (X) Change ( ) Addition RALEY, MASON D Name: RALEY, MASON D Name: 14 CONIFER CIR. Address: 4700 SADDLEHORN TRAIL Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: MIDDLEBURG, FL 32068 Title: VD () Delete Title: () Change () Addition Name: LOSSEN, ROBERT E JR Name: Address: 1960 TIMUCANA TRAIL Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: () Delete Title: () Change () Addition LOSSEN, ROBERT E JR. Name: Name: 1960 TIMUCUA TR. Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition HOLLIDAY, WINONA G Name: Name: Address: 8102 COATBRIDGE LN. EAST Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: Title: () Delete Title: () Change () Addition HOLSTON, JOHN JR. Name: Name: 2927 WATERVIEW CIR. Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: () Delete Title: () Change () Addition RALEY, DIANNA M Name: Name: Address: 4700 SADDLEHORN TRL Address: MIDDLEBURG, FL 32068 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MASON D. RALEY PCOB 02/11/2004