


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005686	
1. Entity Name HARVEST HOUSE OF JACKSONVILLE, INC.	

Principal Place of Business 222 E DUVAL STREET JACKSONVILLE, FL 32202 US	Mailing Address 10551 BEACH BLVD. JACKSONVILLE, FL 32246
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DO NOT WRITE IN THIS SPACE



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3665506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WASHINGTON, APRIL V
10551 BEACH BLVD.
JACKSONVILLE, FL 32246

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000001454363 03/15/06-80012-015 61.25
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WASHINGTON, RODNEY J PASTOR
STREET ADDRESS	13680 MARKHAM HILL DR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VPT
NAME	WASHINGTON, APRIL
STREET ADDRESS	13680 MARKHAM HILL DR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	TT
NAME	PETTAWAY, BRODERICK
STREET ADDRESS	1201 MCCORMICK DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Rodney J. Washington* **FEB 17 2006** **904-724-6769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone