

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 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**



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3665506

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000730959
05/08/07-80102-001 70.00

**DO NOT WRITE
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: Pastor R. J. Washington APR 22 15TH 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #