

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006818

FILED
Mar 11, 2009
Secretary of State

Entity Name: REAPERS OF THE HARVEST MINISTRIES, INC.

Current Principal Place of Business:

3153 WAUKEENAH HWY
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

3153 WAUKEENAH HWY
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3681576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULPEPPER, CHARLES J
3153 WAUKEENAH HWY
MONTICELLO, FL 32344 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: D () Delete
Name: BASS, HARRY S SR
Address: RT. 4, BOX 269-A
City-St-Zip: GREENVILLE, FL 32331

Title: S () Delete
Name: BASS, BURDETTE C
Address: RT. 4, BOX 269-A
City-St-Zip: GREENVILLE, FL 32331

Title: VP () Delete
Name: PETERSON, CHRIS
Address: RT. 5, BOX 5299
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: GRIFFITHS, BOBBY
Address: 1010 PAUL RUSSELL ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BROWNING, JOHN
Address: 1655 PEARSON HWY
City-St-Zip: HOMERVILLE, GA 31634

Title: P () Delete
Name: CULPEPPER, CHARLES
Address: 1010 PAUL RUSSELL ROAD
City-St-Zip: TALLAHASSEE, FL 32301

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:

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: CHARLES CULPEPPER

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date