

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008027

FILED
Mar 23, 2009
Secretary of State

Entity Name: UNIVERSAL CHURCH OF THE HARVEST CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

1503 W BUSCH BLV
SUITE C
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

6409 N. 38TH ST.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3711356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROUPE, LARRY
6409 N. 38TH ST.
TAMPA, FL 33610 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: TROUPE, LARRY S
Address: 6409 N 38 ST
City-St-Zip: TAMPA, FL 33610

Title: TS () Delete
Name: MARCHMAN, TANGELA M
Address: 2401 E NORTH BAY ST
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: WHITNING, JANICE
Address: 2120 PALMETTO ST
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: GRAHAM, ROSITA
Address: 4208 W. LAUREL
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WHITNING, JANICE
Address: 8521 LINCOLN COVE DR APT 101 A
City-St-Zip: TAMPA, FL 33614

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: LARRY S TROUPE

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date