

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002822

FILED
Aug 31, 2008
Secretary of State

Entity Name: HARVEST OUTREACH MINISTRIES INC

Current Principal Place of Business:

905 BROOMESTREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

905 BROOMESTREET
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-3721980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, JAMES D
905 BROOMESTREET
FERNANDINA BEACH, FL 32034 US

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: CPD () Delete
Name: SMITH, JAMES D
Address: 1101 DATE ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: HOPKINS, SHERMAN
Address: 403 S. VERNON ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete
Name: SMITH, NEKISHA T
Address: 621 VERNON ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD () Delete
Name: HARRY, SYLVIA
Address: 1132 FIR ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BROWN, SUSIE B
Address: 914 S. VERNON ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

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: JAMES D. SMITH

CPD

08/31/2008

Electronic Signature of Signing Officer or Director

Date