2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N01000006342

Entity Name: HARVEST MINISTRIES OF ORLANDO, INC.

Current Principal Place of Business:

7001 GRAND NATIONAL DR.
SUITE 100
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7001 GRAND NATIONAL DR.
SUITE 100
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 22-3868534 **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:

RIVERA, CRISTINA
6220 S ORANGE BLOSSOM TRAIL
SUITE 603
ORLANDO, FL 32809 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: PINTO, FERNANDO C
Address: 316 TIBURON DR
City-St-Zip: ORLANDO, FL 32835 US

Title: VP ( ) Delete
Name: PINTO, SYLVIA R
Address: 316 TIBURON DR
City-St-Zip: ORLANDO, FL 32835 US

Title: T ( ) Delete
Name: AMORIM, FERNANDO
Address: 124 SWEETBAY LANE
City-St-Zip: ORLANDO, FL 328351030 US

Title: S ( ) Delete
Name: ALVES, RICARDO
Address: 738 SOUTH MAIN STREET
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: S ( ) Delete
Name: PUJOL, WILLIAM
Address: 5135 SANTA ANA DR.
City-St-Zip: ORLANDO, FL 32837 US

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:

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: FERNANDO PINTO P 05/01/2009

Electronic Signature of Signing Officer or Director — Date