2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# N01000006630

Entity Name: GREATER HARVEST MINISTRIES, INC.

Current Principal Place of Business:

415 NORWOOD COURT
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

415 NORWOOD COURT
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3752164 **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:

GOOD, JEFF
415 NORWOOD COURT
OVIEDO, FL 32765 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: GOOD, JEFF
Address: 415 NORWOOD COURT
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: GOOD, KATHY
Address: 415 NORWOOD COURT
City-St-Zip: OVIEDO, FL 32765

Title: O ( ) Delete
Name: LAVALA, ROBERT
Address: 6216 LANNING LANE
City-St-Zip: LAS VEGAS, NV 89108 US

Title: O ( ) Delete
Name: BANOV, GEORGIAN
Address: P.O. BOX 129
City-St-Zip: DESTREHAN, LA 70047

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:

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: JEFFREY S. GOOD D 07/10/2007
Electronic Signature of Signing Officer or Director — Date