

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 15, 2009  
Secretary of State**

DOCUMENT# N01000007493

Entity Name: GREATER HARVEST CHRISTIAN FELLOWSHIP INC.

**Current Principal Place of Business:**

14602 W. MAIN STREET  
GRETNA, FL 32353

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2145  
QUINCY, FL 32351

**New Mailing Address:**

FEI Number: 59-3750873      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

THOMAS, GERALD DR.  
602 N 9TH STREET  
QUINCY, FL 32351      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: DCEO      ( ) Delete  
Name: BARNES, MARILYN  
Address: 14602 W. MAIN STREET  
City-St-Zip: GRETN, FL 32352

Title: DS      ( ) Delete  
Name: MARTIN, BARBARA  
Address: 14602 W. MAIN STREET  
City-St-Zip: GRETN, FL 32352

Title: DT      ( ) Delete  
Name: PENNYWELL, JESSE  
Address: 14602 W. MAIN STREET  
City-St-Zip: GRETN, FL 32352

Title: DT      ( ) Delete  
Name: BARNES, MICHAEL  
Address: 14602 W. MAIN STREET  
City-St-Zip: GRETN, FL 32353

**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: BARBARA MARTIN

DS

07/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date