

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007493

FILED  
Apr 05, 2010  
Secretary of State

**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 ( )**

**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: D  
Name: BARNES, MARILYN  
Address: 14602 W. MAIN STREET  
City-St-Zip: GRETN, FL 32352

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

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

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

Title: CEO  
Name: SR.THOMAS, GERALD DR  
Address: 602 N. 9TH ST.  
City-St-Zip: QUINCY,, FL 32351

I hereby 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 all other like empowered.

SIGNATURE: MARILYN BARNES

D

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date