2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N01000009020

Entity Name: WORLD HARVEST CHURCH INTERNATIONAL, INC.

Current Principal Place of Business:

243 THERESE ST
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

PO BOX 135336
CLERMONT, FL 34713

New Mailing Address:

FEI Number: 26-0000224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORELLI, CHRISTINE A
243 THERESE ST
DAVENPORT, FL 33897 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: MORELLI, ROCCO PASTOR
Address: 243 THERESE ST
City-St-Zip: DAVENPORT, FL 33897

Title: VP ( ) Delete
Name: MCCLELLAND, KENNETH H PASTOR
Address: 264 EUCLID AVE
City-St-Zip: RIDGWAY, PA 15853

Title: ST ( ) Delete
Name: MORELLI, CHRISTINE A
Address: 243 THERESE ST
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete
Name: SCIFO, MARIO
Address: 6751 SPINNER DRIVE
City-St-Zip: LAKE WALES, FL 33897

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: D (X) Change ( ) Addition
Name: MORELLI, MARY S
Address: 854 FRANKLIN STREET
City-St-Zip: NEW KENSINGTON, PA 15068

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: ROCCO MORELLI P 04/21/2009

Electronic Signature of Signing Officer or Director — Date