


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001203	
1. Entity Name HARVEST CHRISTIAN CENTER INTERNATIONAL PENTECOSTAL HOLINESS CHURCH, INC.	

Principal Place of Business 1095 MUSCOGEE ROAD CANTONMENT, FL 32533	Mailing Address 1095 MUSCOGEE ROAD CANTONMENT, FL 32533
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DO NOT WRITE IN THIS SPACE



03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3748097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FARLEY, BRIAN D
1095 MUSCOGEE ROAD
CANTONMENT, FL 32533**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re/instating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000483140 04/11/06-80104-021 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FARLEY, BRIAN D 1095 MUSCOGEE ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FARLEY, W. DALE 1095 MUSCOGEE ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HODGE, ROBBIE E 1095 MUSCOGEE ROAD CANTONMENT, FL 32533
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robbie E. Hodge **Robbie E. Hodge** **3-27-06** **850-897-0605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #