

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002012

FILED
May 01, 2006
Secretary of State

Entity Name: EVER INCREASING HARVEST MINISTRIES, INC.

Current Principal Place of Business:

624 S. ORANGE ST. SUITE2
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

624 S. ORANGE ST. SUITE 2
MADISON, FL 32340

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

STEVENS, COLLIE E SR.
906 S. ORANGE ST.
MADISON, FL 32340 US

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: DPT () Delete
Name: STEVENS, MARCIA D
Address: 906 S. ORANGE ST.
City-St-Zip: MADISON, FL 32340

Title: DCEO () Delete
Name: STEVENS, COLLIE E SR
Address: 906 S. ORANGE ST.
City-St-Zip: MADISON, FL 32340

Title: DVS () Delete
Name: HARDY, SHEVONDA A
Address: RTE 1 BOX 105
City-St-Zip: MADISON, FL 32340

Title: TRES () Delete
Name: WILLIAMS, ROBBY
Address: 402 MERRITT AVE.
City-St-Zip: MADISON, FL 32340

Title: DIR () Delete
Name: DUKE, DAVID
Address: 706 SW BUNKER ST
City-St-Zip: MADISON, FL 32340

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCIA D. STEVENS

DPT

05/01/2006

Electronic Signature of Signing Officer or Director

Date