

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004214

FILED
May 10, 2004
Secretary of State

Entity Name: NEW HARVEST EDUCATIONAL CENTERS, INC.

Current Principal Place of Business:

389 HOLIDAY ISLES DRIVE
P.O. BOX 700
CLEWISTON, FL 334400700

New Principal Place of Business:

370 HOLIDAY ISLES BLVD
P.O. BOX 700
CLEWISTON, FL 33440

Current Mailing Address:

389 HOLIDAY ISLES DRIVE
P.O. BOX 700
CLEWISTON, FL 334400700

New Mailing Address:

370 HOLIDAY ISLES BLVD
P.O. BOX 700
CLEWISTON, FL 33440

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, BEN
389 HOLIDAY ISLES DRIVE
CLEWISTON, FL 334400700

Name and Address of New Registered Agent:

WILLIAMS, BEN
370 HOLIDAY ISLES DRIVE
CLEWISTON, FL 334400700

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:

05/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PELHAM, CHARLES
Address: 385 EAST CRESCENT AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: WILLIAMS, ELMA
Address: P.O. BOX 178
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: WILLIAMS, BEN
Address: P.O. BOX 178
City-St-Zip: CLEWISTON, FL 33440

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BEN WILLIAMS

D

05/10/2004

Electronic Signature of Signing Officer or Director

Date