

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 30, 2012
Secretary of State**

DOCUMENT# N03000004214

Entity Name: NEW HARVEST EDUCATIONAL CENTERS, INC.**Current Principal Place of Business:**360 HOLIDAY ISLES BLVD
CLEWISTON, FL 33440 UN**New Principal Place of Business:**370 HOLIDAY ISLES BLVD
CLEWISTON, FL 33440 UN**Current Mailing Address:**P.O. BOX 700
CLEWISTON, FL 33440**New Mailing Address:****FEI Number:** 20-3080664**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STICKLAND, DAVID J
919 N BERNER RD
CLEWISTON, FL 33440 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
Name: PELHAM, CHARLES
Address: 305 EAST CRESCENT AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: S
Name: STRICKLAND, DAVID J
Address: 919 N BERNER RD
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: JOHNSON, CLYDE
Address: 3785 W WAYMAN ROAD
City-St-Zip: MOORE HAVEN, FL 33471

Title: D
Name: LEONARD, CARROLL
Address: 107 RIDGEWOOD AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: JEREMY, GREAVES SR.
Address: 1009 BAYBERRY LOOP
City-St-Zip: CLEWISTON, FL 33440

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: DAVID STRICKLAND

S

05/30/2012

Electronic Signature of Signing Officer or Director

Date