

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004459**

1. Entity Name  
**GLOBAL HARVEST MINISTERIAL ASSOCIATION, INC.**



Principal Place of Business  
**2289 N. HERCULES AVE.  
CLEARWATER, FL 33763**

Mailing Address  
**2289 N. HERCULES AVE.  
CLEARWATER, FL 33763**



07122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2206158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PANICO, NICK S REV.  
2289 N. HERCULES AVE.  
CLEARWATER, FL 33763**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PANICO, NICK S
STREET ADDRESS	1924 DUNLOE CIRCLE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	OLSEN, TENNEY C
STREET ADDRESS	2756 WHITMORE CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	CHRISTENSEN, RICHARD L
STREET ADDRESS	3078 EAGLES LANDING CIRCLE
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000769630  
07/19/07-80009-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Nick S. Panico* **REV. NICK S. PANICO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-12-07 929-733-4600**

Date

Daytime Phone #