## 2008 NOT-FOR-PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 25, 2008 08:00 AN Secretary of State DOCUMENT # N03000004459 1. Entity Name GLOBAL HARVEST MINISTERIAL ASSOCIATION, INC. Principal Place of Business Mailing Address 2289 N. HERCULES AVE. 2289 N. HERCULES AVE. CLEARWATER, FL 33763 CLEARWATER, FL 33763 02192008 No Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 35-2206158 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE PANICO, NICK S REV. 2289 N. HERCULES AVE. CLEARWATER, FL 33763 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 reinstating) Signature, typed or printed name of registered agent and little if applicable, **\$5.00** May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME PANICO, NICK S UDDD000837724 UDD0000837724 UDD0000837724 UDD0000837724 UDD0000837724 UDD0000837724 UDD0000837724 STREET ADDRESS 1924 DUNLOE CIRCLE CITY-ST-7IP DUNEDIN, FL 34698 TITLE NAME OLSEN, TENNEY C STREET ADDRESS 2756 WHITMORE CT. DO NOT WRITE CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME CHRISTENSEN, RICHARD L STREET ADDRESS 3078 EAGLES LANDING CIRCLE CITY-ST-ZIP CLEARWATER, FL 33761 IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 eath; 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:

NAME STREET ADDRESS CITY-ST-ZIP