2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# N03000007450

Entity Name: NEW HARVEST CHURCH OF GOD, INC.

Current Principal Place of Business:

7070 SW 27 STREET
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

7070 SW 27 STREET
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 72-1534570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONTGOMERY, JENNIFER
7070 SW 27 STREET
MIRAMAR, FL 33023 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: PD ( ) Delete
Name: MONTGOMERY, JENNIFER
Address: 7070 SW 27 STREET
City-St-Zip: MIRAMAR, FL 33023

Title: SD ( ) Delete
Name: JEAN, MAGGIE
Address: 4491 SW 11TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: SWABY, AVIS
Address: 18971 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33056

Title: TD ( ) Delete
Name: SWABY, BYRON
Address: 18971 NW 7 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: MONTGOMERY, LEROY
Address: 7070 SW 27 STREET
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: JEAN, SERGE
Address: 4491 SW 11TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMALL, WADE D
Address: 8646 W. LONG ACRE DRIVE
City-St-Zip: MIRAMAR, FL 33025

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: WADE D. SMALL PD 01/27/2006

Electronic Signature of Signing Officer or Director — Date