

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010089

FILED
May 01, 2009
Secretary of State

Entity Name: TAMPA HARVEST CHURCH, INC.

Current Principal Place of Business:

3013 W. MEADOW AVENUE
TAMPA, FL 33611

New Principal Place of Business:

10549 N. FLORIDA AVE
SUITE # G
TAMPA, FL 33612

Current Mailing Address:

3013 W. MEADOW AVENUE
TAMPA, FL 33611

New Mailing Address:

10549 N. FLORIDA AVE
SITE # G
TAMPA, FL 33612

FEI Number: 02-0715942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KANYINDA, MARTINE N
3014 W. MEADOW AVENUE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

KANYINDA, MARTINE N
9105 LOST MILL DR
LAND O LAKES, FL 34638 US

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: MARTINE KANYINDA

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: A () Delete
Name: KANYINDA, MARTINE N
Address: 3104 W. MEADOW AVENUE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: WHITE, SAMUEL
Address: 2505 WEST 18TH AVENUE
City-St-Zip: TAMPA, FL 33605

Title: S () Delete
Name: WHITE, AURORA
Address: 2505 WEST 18TH AVENUE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: A (X) Change () Addition
Name: KANYINDA, MARTINE N
Address: 9105 LOST MILL DR
City-St-Zip: LAND O LAKES, FL 34638

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 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: MARTINE KNYINDA

A

05/01/2009

Electronic Signature of Signing Officer or Director

Date