

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000176

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE CHURCH OF HEAVEN'S HARVEST, INC.

**Current Principal Place of Business:**

8889 N 56TH STREET  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291259  
TAMPA, FL 33687

**New Mailing Address:**

**FEI Number:** 42-1618889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS, RAYMOND D  
10204 N. 16TH ST.  
TAMPA, FL 33612 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: WILLIAMS, RAYMOND D  
Address: 10204 N. 16TH ST.  
City-St-Zip: TAMPA, FL 33612

Title: TD ( ) Delete  
Name: WILLIAMS, CARRIE L  
Address: 10204 N. 16TH ST.  
City-St-Zip: TAMPA, FL 33612

Title: SD ( ) Delete  
Name: VINCETI, ANTONIO M  
Address: 212 W SKAGWAY AVE  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: GABRIELLE, ROME  
Address: 7496 C ENTRAL PK PLACE  
City-St-Zip: TAMPA, FL 33637

Title: SD (X) Change ( ) Addition  
Name: BREKETA, DUNCAN  
Address: 1614 UNIVERSITY WOODS PL  
City-St-Zip: TAMPA, FL 33612

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: RAYMOND D WILLIAMS

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date