2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002416

Entity Name: HARVEST FIRE CHRISTIAN FELLOWSHIP, INC.

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2429 STAT	-	or Business.		INCW FIIIIC	ipai Flace Oi	Busilless.	
LAKE WAL	ES, FL 33898						
Current Mailing Address:				New Mailing Address:			
	E ROAD 60 E ES, FL 33898						
FEI Number:	52-2422228	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired (.)
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:	
MITCHELL, PAM L BUSSINE 709 HUNT DRIVE				MITCHELL, PAM L BUSINES 420 E. RUSSELL STREET			
LAKE WALES, FL 33853 US				LAKE WALES, FL 33853 US			
The above in the State		ubmits this statement for the pu	rpose of	changing it	s registered o	office or registered agent, or	both,
SIGNATURE: PAM L. MITCHELL				02/07/2007			
	Electroni	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () ROSIER, III, JAN 216 RIDGE MAN LAKE WALES, F	OR DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	D () MOORE, VAUNI P.O. BOX 1171 LAKE WALES, F			Title: Name: Address: City-St-Zip:	D (X WELLS, TONE 777 HUNT DRI LAKE WALES,	VE	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () HILTON, VICKY 263 KINGS PON WINTER HAVEN	D AVENUE		Title: Name: Address: City-St-Zip:	,		
Title: Name: Address: City-St-Zip:	D () RILEY, BRENDA 505 CORAL SHO LAKE WALES, F	DRES		Title: Name: Address: City-St-Zip:	D (X RILEY, BRENI 505 CORAL SI LAKE WALES,	HORES	

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: PAM L. MITCHELL SECR 02/07/2007