2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 23, 2005
Secretary of State

DOCUMENT# N04000006376

Entity Name: GOLDEN HARVEST CULTURAL CENTER, INC.

Current Principal Place of Business:

523 WEST LARUA STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

523 WEST LARUA STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 76-0728218 **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:

SPEARS, TERRY
1215 W WRIGHT STREET
PENSACOLA, FL 32501 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: TERRY SPEARS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOORE, CATHERINE
Address: 523 WEST LARUA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: V ( ) Delete
Name: DAWKINS, LATISHA
Address: 120 WARWICK AVE
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete
Name: BROUGHTON, TONI
Address: 179 FAIRFAX DR
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete
Name: JOSEPH, JACQUELINE
Address: 1001 NORTH H STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: SPEARS, TERRY
Address: 1215 WEST WRIGHT STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: CATHERINE MOORE P 09/23/2005

Electronic Signature of Signing Officer or Director — Date