

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006376

FILED
Dec 02, 2009
Secretary of State

Entity Name: GOLDEN HARVEST CULTURAL CENTER, INC.

Current Principal Place of Business:

523 WEST LA RUA STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

523 WEST LA RUA 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:

Name and Address of New Registered Agent:

WOODWARD, DAVID L P.A.
1415 LEMHURST RD
PENSACOLA, FL 32507 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: DAVID L. WOODWARD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSEPH, JACQUELYN E MRS
Address: 1001 N H STREET
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JOSEPH, JACQUELYN E MS
Address: 1001 N H STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Change (X) Addition
Name: MOORE, CATHERINE L MRS
Address: 1215 W. WRIGHT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DIR () Change (X) Addition
Name: SPEARS, RUTH L MRS
Address: 1215 W. WRIGHT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SEC () Change (X) Addition
Name: SPEARS, TERRY E MR
Address: 1215 W. WRIGHT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TRES () Change (X) Addition
Name: CHRISTIAN ACCOUNTING
Address: 6223 DENVER AVENUE
City-St-Zip: PENSACOLA, FL 32526

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: RUTH L. SPEARS

DIR

12/02/2009

Electronic Signature of Signing Officer or Director

Date