

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006377

FILED
Apr 29, 2006
Secretary of State

Entity Name: HARVEST INTERNATIONAL WORSHIP CENTER, INC.

Current Principal Place of Business:

601 AVENIDA CUARTA
APT. 208
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

601 AVENIDA CUARTA
APT. 208
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 74-3133235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, BRYAN D
601 AVENIDA CUARTA
APT. 208
CLERMONT, FL 34714 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: PCEO () Delete
Name: ROSE, BRYAN
Address: 601 AVENIDA CUARTA, APT. 208
City-St-Zip: CLERMONT, FL 34714

Title: DAS () Delete
Name: ROSE, DARLA
Address: 601 AVENIDA CUARTA, APT. 208
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: PEOPLES, MELISSA
Address: 2610 ORONO PIKE
City-St-Zip: REYNOLDSBURG, OH 43068

Title: D () Delete
Name: PEOPLES, NICHOLAS
Address: 2610 ORONO PIKE
City-St-Zip: REYNOLDSBURG, OH 43068

Title: COOD () Delete
Name: ROSE, MIKE
Address: 5997 AQUA-MARINE DR
City-St-Zip: GROVE CITY, OH 43123

Title: DE () Delete
Name: ROSE, DEBBIE
Address: 5997 AQUA MARINE DR
City-St-Zip: GROVE CITY, OH 43123

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
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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 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: BRYAN D. ROSE

PCEO

04/29/2006

Electronic Signature of Signing Officer or Director

Date