


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000000555**  
 1. Entity Name  
**NEW HARVEST CHRISTIAN CHURCH, INC.**



Principal Place of Business  
**1515 CENTER STREET  
 HOLLY HILL, FL 32117**

Mailing Address  
**1515 CENTER STREET  
 HOLLY HILL, FL 32117**



01152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1651694</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PELHAM, GARY C SR  
 1515 CENTER STREET  
 HOLLY HILL, FL 32117**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELHAM, GARY C SR 1515 CENTER AVENUE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, WILLIMENA D 944 HIBISCUS AVENUE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELHAM, ANNETTE F 1515 CENTER AVENUE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, RONDREAKA 615 RAMMEY AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, WILLIAM L 615 RAMMEY AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000596365  
 01/23/07-80076-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Paster Gary C. Pelham* **GARY C. Pelham** 1/19/07 (386) 738-0630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #