2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# N05000001414

Entity Name: HARVEST INTERNATIONAL MINISTRIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6423 CHIPPENDALE RD
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

6423 CHIPPENDALE RD
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 26-0106169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLICE, PATSY P SR.
6423 CHIPPENDALE RD
LAKELAND, FL 33809 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:	P	( ) Delete
Name:	POLLICE, PATSY P SR.	
Address:	6423 CHIPPENDALE RD	
City-St-Zip:	LAKELAND, FL 33809	
Title:	VP	( ) Delete
Name:	STEPHEN, BROWN A	
Address:	3901 LAUREL BRANCH CT.	
City-St-Zip:	LAKELAND, FL 33810	
Title:	SEC	( ) Delete
Name:	BURKS, CHARLES	
Address:	7263 STANFORD DR	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Delete
Name:	BERRY, WILLIAM	
Address:	9930 MOORE RD.	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Delete
Name:	HALE, DENNIS A	
Address:	411 SHADY OAK DR.W	
City-St-Zip:	LAKELAND, FL 338105497	
Title:	D	( ) Delete
Name:	KEOGHAN, ROBIN	
Address:	213 VILLAGE CREST COURT	
City-St-Zip:	LAKELAND, FL 33809	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: PATSY P POLLICE P 04/05/2008

Electronic Signature of Signing Officer or Director — Date