



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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

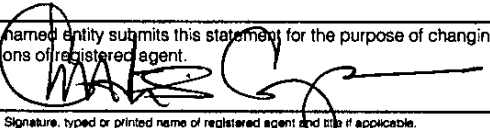
<b>DOCUMENT # N05000003128</b>	
<b>1. Entity Name</b> HARVEST CHURCH OF WEST ORLANDO, INC.	

<b>Principal Place of Business</b> 334 BLUE STONE CIRCLE WINTER GARDEN, FL 34787	<b>Mailing Address</b> P.O. BOX 783065 WINTER GARDEN, FL 34787
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
03062007 No Chg-NP	CR2E037 (4/06)
<b>4. FEI Number</b> 20-2570900	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

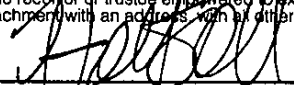
<b>6. Name and Address of Current Registered Agent</b>  COOPER, CHARLES 2214 TALL OAK DRIVE WINTER GARDEN, FL 34787
---

<b>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.</b>
<b>SIGNATURE</b>  <b>DATE</b> 3/2/07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P ROOT, JIM 15433 PEBBLE RIDGE ST. WINTER GARDEN, FL 34787
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP FORTSON, JACK 2821 WILLIAMS ROAD WINTER GARDEN, FL 34787
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S/T CRUMLISH, STEVE 16438 MEREDREW LANE CLERMONT, FL 34711
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

<b>2. 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 an officer like empowered.</b>
<b>SIGNATURE:</b>  <b>DATE</b> 3/7/07 <b>DAYTIME PHONE #</b> (407) 877-6095
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>