2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N05000008832

Entity Name: NEW HARVEST FELLOWSHIP ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

1800 HWY 71 NORTH
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 985
WEWAHITCHKA, FL 32465

New Mailing Address:

FEI Number: 14-1948008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAUSEY, EDDIE SR
271 E. BEATTY AVE.
WEWAHITCHKA, FL 32465 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:	ST	( ) Delete
Name:	GIBSON, FAY	
Address:	1115 CANNING DR	
City-St-Zip:	WEWAHITCHKA, FL 32465	
Title:	D	( ) Delete
Name:	PARKER, THOMAS	
Address:	1800 HWY 71 NORTH	
City-St-Zip:	WEWAHITCHKA, FL 32465	
Title:	C	( ) Delete
Name:	STEPHENS, RAYMOND	
Address:	250 JEHU RD.	
City-St-Zip:	WEWAHITCHKA, FL 32465	
Title:	D	( ) Delete
Name:	PURSWELL, JOE	
Address:	644 W CRECK VIEW DRIVE	
City-St-Zip:	WEWAHITCHKA, FL 32465	
Title:	D	( ) Delete
Name:	EARNEST, HAROLD	
Address:	140 RIDGE ROAD	
City-St-Zip:	WEWAHITCHKA, FL 32465	
Title:	D	( ) Delete
Name:	JOHNSON, JAMES	
Address:	P.O. BOX 641	
City-St-Zip:	WEWAHITCHKA, FL 32465	

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: FAY GIBSON TR 01/21/2009
Electronic Signature of Signing Officer or Director — Date