

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90087 036 \*\*\*\*61.25

<b>DOCUMENT # N05000010940</b> 1. Entity Name <b>TWO OLIVE BRANCHES WORLD HARVEST ASSEMBLY INT'L, INC.</b>					
Principal Place of Business 29081 US HWY 19 N UNIT #203 CLEARWATER, FL 33761				Mailing Address PO BOX 16774 CLEARWATER, FL 33766	
2. Principal Place of Business - No P.O. Box # <b>3385 Covered Bridge Dr. West</b>				3. Mailing Address Suite, Apt. #, etc. <b>Dunedin, FL</b>	
City & State <b>Dunedin, FL</b>				City & State <b>Dunedin, FL</b>	
Zip <b>34698</b>		Country <b>USA</b>		4. FEI Number <b>56-2538792</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOHNSON, NANA M</b> <b>29081 US HWY 19 N UNIT #203</b> <b>CLEARWATER, FL 33761</b>				7. Name and Address of New Registered Agent Name <b>Nana M. Johnson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3385 Covered Bridge Dr. West</b> City <b>Dunedin</b> <b>FL</b> Zip Code <b>34698</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT JOHNSON, NANA M 29081 US HWY 19 N UNIT #203 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Charles E. Benson 308 Winchester Way Woodstock, GA 30188	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARSHALL, JAMES D JR 1129 SE 14TH TERRACE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Sharon M. Benson 308 Winchester Way Woodstock, GA 30188	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT ANTONELLI, JONI M 15 VALLEY BEND DR HORSESHOE, NC 28742	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Nana M. Johnson 3385 Covered Bridge Dr. West Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Nana M. Johnson PDT</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/12/07 (722) 787-5054 Date Daytime Phone #		