## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N05000010940



Apr 11, 2008 8:00 am Secretary of State

**FILED** 

1. Entity Name TWO OLIVE BRANCHES WORLD HARVEST ASSEMBLY INT'L, INC.								04-11-2008	90058 01	1 ****61	1.25
3385 COVERED BRIDGE DR. WEST PO BO				g Address 30X 16774 RRWATER, FL 33766							
2. Principal Place of Business - No P.O. Box #  3. Mailing Address											
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			03312008	Chg-NP	CR2E037	(12/06)	
City & State			Cit	ty & State			4. FEI Number 56-25387	92		<u> </u>	plied For t Applicable
Zip				Zip Cou		ry	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Register							7. Name and Address of New Registered Agent				
JOHNSON, NANA M						Name					
3385 COVERED BRIDGE DR. WEST DUNEDIN, FL 34698			<i>i.</i>		Street Address (P.O. Box Number is Not Acceptable)						
					-	City				Zip Code	
						City			FL	Zip Code	7
	named entity tions of regist	y submits this statement tered agent.	for the purp	ose of changing its	registered	office or register	red agent, or both, i	in the State of Flo	orida. Tam fa	ımiliar with, a	and accept
SIGNATURE	Signature, typed	or printed name of registered age	ent and tipe if app	okosble. (NOTE	: Registered A	gent aigneture required	d when renstating)		DATE		
SIGNATURE	Filing Fe	or printed name of registered age is \$61.25 lay 1, 2008	ent and title if app	9. Election Cam Trust Fund C	paign Fina	ancing _	\$5.00 May Be Added to Fees		DATE ake check ida Departi		
· · ·	Filing Fe	e is \$61.25 lay 1, 2008		9. Election Cam Trust Fund C	paign Fina	ancing	\$5.00 May Be Added to Fees	Flor	ake check Ida Departi	nent of St	ate
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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: GONATURE AND TYPED OR PRINTED MAKE OF BIGNING OFFICER OR DIRECTOR