

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90058 011 \*\*\*\*61.25

<b>DOCUMENT # N05000010940</b> 1. Entity Name <b>TWO OLIVE BRANCHES WORLD HARVEST ASSEMBLY INT'L, INC.</b>					
Principal Place of Business <b>3385 COVERED BRIDGE DR. WEST DUNEDIN, FL 34698</b>			Mailing Address <b>PO BOX 16774 CLEARWATER, FL 33766</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>56-2538792</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOHNSON, NANA M 3385 COVERED BRIDGE DR. WEST DUNEDIN, FL 34698</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	PDT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, NANA M		NAME		
STREET ADDRESS	3385 COVERED BRIDGE DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	VTDT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, JAMES D JR		NAME		
STREET ADDRESS	1129 SE 14TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	SDT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANTONELLI, JONI M		NAME		
STREET ADDRESS	15 VALLEY BEND DR		STREET ADDRESS		
CITY-ST-ZIP	HORSESHOE, NC 28742		CITY-ST-ZIP		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENSON, CHARLES E		NAME		
STREET ADDRESS	308 WINCHESTER WAY		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, GA 30188		CITY-ST-ZIP		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENSON, SHARON M		NAME		
STREET ADDRESS	308 WINCHESTER WAY		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, GA 30188		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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> <i>Nana M. Johnson</i> PDT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/31/08 (727) 787-5054</b> <small>Date Daytime Phone #</small>		