


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90093 024 ****61.25

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|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # N05000012927 1. Entity Name PRAYER HARVEST, INC. |  |
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| Principal Place of Business 6888 SHADOW CAST LANE LAKELAND, FL 33813 | Mailing Address 6888 SHADOW CAST LANE LAKELAND, FL 33813 |
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| 2. Principal Place of Business - No P.O. Box # 1006 Bloom Hill Av. Suite, Apt. #, etc. | 3. Mailing Address 1006 Bloom Hill Av. Suite, Apt. #, etc. |
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|-----------------------------------|-----------------------------------|
| City & State Valrico FL | City & State Valrico FL |
| Zip 33594 | Zip 33594 |
| Country | Country |

40105903



04192007 Chg-NP CR2E037 (12/06)

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| 6. Name and Address of Current Registered Agent CHAPPELL, DONNA 6888 SHADOW CAST LANE LAKELAND, FL 33813 | |
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| 4. FEI Number 20-4540930 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent Name CHAPPELL, DONNA Street Address (P.O. Box Number is Not Acceptable) 1006 Bloom Hill Av. City Valrico FL Zip Code 33594 | |
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAPPELL, DONNA 6888 SHADOW CAST LANE LAKELAND, FL 33813 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HANKINS, DANA 5008 DUNSTABLE COURT ORLANDO, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPBELL, HELEN 6888 SHADOW CAST LANE LAKELAND, FL 33813 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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; that my name has not been changed, or on an attachment with an address, with another like empowered required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

Donna Chappell
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Donna Chappell
Date

5/1/07 813-298-8800
Daytime Phone #