

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012927

Entity Name: PRAYER HARVEST, INC.

FILED
Jun 26, 2008
Secretary of State

Current Principal Place of Business:

1006 BLOOM HILL AVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1006 BLOOM HILL AVE
VALRICO, FL 33594

New Mailing Address:

1006 BLOOM HILL AVE
VALRICO, FL 33596

FEI Number: 20-4540930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAPPELL, DONNA
1006 BLOOM HILL AVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

CHAPPELL, DONNA
1006 BLOOM HILL AVE
VALRICO, FL 33596 US

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: _____

06/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAPPELL, DONNA
Address: 6888 SHADOW CAST LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: CAMPBELL, HELEN
Address: 6888 SHADOW CAST LANE
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAPPELL, DONNA
Address: 1006 BLOOM HILL AVENUE
City-St-Zip: VALRICO, FL 33596

Title: S (X) Change () Addition
Name: CONATSER, ROBIN
Address: 3010 OAKMONT DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: D () Change (X) Addition
Name: GUNSALUS, BETH
Address: P.O. BOX 690506
City-St-Zip: VERO BEACH, FL 32969

Title: T () Change (X) Addition
Name: GUNSALUS, MYRON
Address: P.O. BOX 690506
City-St-Zip: VERO BEACH, FL 32969

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: DONNA CHAPPELL

P

06/26/2008

Electronic Signature of Signing Officer or Director

Date