## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0600000087

FILED Apr 30, 2009 Secretary of State

Entity Name: GREATER HARVEST INTERNATIONAL MINISTRIES, INC.

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
	AMAR BLVD , FL 33025			18900 NW 32ND AVENUE MIAMI GARDENS, FL 33055			
Current M	ailing Addres	s:	New Mail	New Mailing Address:			
P.O. BOX HIALEAH,							
FEI Number:	87-0758789	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desir	ed (X)	
Name and	Address of C	Surrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
JONES, W 2261 N.W MIAMI, FL	58TH STREE	Т	150 NE 13	MILORD-FERGUSON, CHANTALE 150 NE 132ND STREET MIAMI, FL 33150 US			
	named entity s e of Florida.	submits this statement for the pu	urpose of changing	its registered of	office or registered agent	, or both,	
SIGNATUF	RE: CHANTA	LE MILORD-FERGUSON			04/30/2009		
	Electron	ic Signature of Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () EALEY, GERAL P.O. BOX 1739 HIALEAH, FL 3	02	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VPD () EALEY, LAVON P.O. BOX 1739 HIALEAH, FL 3	02	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SD () ANDERSON, RA P.O. BOX 1739 HIALEAH, FL 3	02	Title: Name: Address; City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	TD () FERGUSON, AI P.O. BOX 1739 HIALEAH, FL 3	02	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	٠,		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () JONES, WILLIE PO BOX 17390 HIALEAH, FL 3	2	Title: Name: Address: City-St-Zip:	D (X COX, CHRISTI PO BOX 17390 HIALEAH, FL	02		

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: GERALD EALEY PD 04/30/2009