

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90017 041 ****61.25

DOCUMENT # N06000008210 1. Entity Name NEW LIFE HARVEST MINISTRIES INC.					
Principal Place of Business 122 N FIRST STREET LAKE WALES, FL 33859			Mailing Address P.O. BOX 4121 LAKE WALES, FL 33859		
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01242007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 84-1712688	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGDON, TREASES 327 3RD ST AUBURDALE, FL 33823				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Trease Higdon CP</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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	CP HIGDON, TREASES 327 3RD ST AUBURDALE, FL 33823	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F HIGDON, DERRICK 327 3RD ST AUBURDALE, FL 33823	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, DENISE 40 COLEMAN RD WINTER HAVEN, FL 33880	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>T Robinson, Denise 49 Coleman Rd Winter Haven FL 33880</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPANN, LORETHA 149 AVENUE LANE WINTER HAVEN, FL 33880	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARVEY, CASSANDRA 342 MONTEGO CT WINTER HAVEN, FL 33884	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: <u><i>Trease Higdon Treases Higdon</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4-15-07 863-405573 Date Daytime Phone #	