2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N07000001663

Entity Name: HARP MINISTRIES, INC.

Current Principal Place of Business:

15 GULF ST.
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 36405
PENSACOLA, FL 325166405

New Mailing Address:

FEI Number: 20-8086774 **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:

WEAVER, WESLEY J
609 DUNDEE DR.
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MERRITT, KAREN L
Address: 7341 SACHEM RD.
City-St-Zip: PENSACOLA, FL 32506

Title: VD ( ) Delete
Name: HAVENER, JOHN
Address: 12022 COUNTY RD. 91
City-St-Zip: LILLIAN, AL 36549

Title: STD ( ) Delete
Name: WOOD, MARCIA
Address: 7341 SACHEM RD.
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: EZAGOURI, MICHELLE
Address: P. O. BOX 122
City-St-Zip: TIBERIAS, 14122 ISRAEL,

Title: D ( ) Delete
Name: BOVEE, MARSHA
Address: 31783 GRAFTON RD.
City-St-Zip: LILLIAN, AL 36549,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KAREN L MERRITT PD 05/01/2009
Electronic Signature of Signing Officer or Director — Date