

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001663

FILED  
Apr 28, 2010  
Secretary of State

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:**

P. O. BOX 36405  
PENSACOLA, FL 325166405 US

FEI Number: 20-8086774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: MERRITT, KAREN L  
Address: 7341 SACHEM RD.  
City-St-Zip: PENSACOLA, FL 32506

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN L. MERRITT

PD

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date