

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002119

FILED  
Feb 04, 2008  
Secretary of State

**Entity Name:** HARVEST MINISTRIES INTERNATIONAL INC.

**Current Principal Place of Business:**

6205 OCTAVIA ST.  
SEBRING, FL 33857

**New Principal Place of Business:**

6205 OCTAVIA ST.  
SEBRING, FL 33870

**Current Mailing Address:**

P.O. BOX 727  
LORIDA, FL 33857

**New Mailing Address:**

**FEI Number:** 02-0799007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONTREAS, TIFFINY  
6205 OCTAVIA ST.  
SEBRING, FL 33857 US

**Name and Address of New Registered Agent:**

CONTREAS, TIFFINY  
6205 OCTAVIA ST.  
SEBRING, FL 33870 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:

02/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONTREAS, REYES  
Address: P.O. BOX 727  
City-St-Zip: LORIDA, FL 33857

Title: P ( ) Delete  
Name: CONTREAS, TIFFANY  
Address: P.O. BOX 727  
City-St-Zip: LORIDA, FL 33857

Title: S ( ) Delete  
Name: CONTREAS, LINDSEY  
Address: P.O. BOX 727  
City-St-Zip: LORIDA, FL 33857

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: CONTREAS, REYES  
Address: P.O. BOX 727  
City-St-Zip: LORIDA, FL 33857

Title: P (X) Change ( ) Addition  
Name: CONTREAS, TIFFINY  
Address: P.O. BOX 727  
City-St-Zip: LORIDA, FL 33857

Title: S, T (X) Change ( ) Addition  
Name: CONTREAS, LINDSEY  
Address: P.O. BOX 727  
City-St-Zip: LORIDA, FL 33857

Title: D ( ) Change (X) Addition  
Name: HALL, ELLA  
Address: 4715 DARNELL DRIVE  
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, LOUISE  
Address: 4715 DARNELL DRIVE  
City-St-Zip: SEBRING, FL 33872

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: TIFFINY CONTRERAS

PRES

02/04/2008

Electronic Signature of Signing Officer or Director

Date