2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N07000002119

Entity Name: HARVEST MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

6205 OCTAVIA ST.
SEBRING, FL 33870

New Principal Place of Business:

6205 OCTAVIA ST.
SEBRING, FL 33876

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 33870 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: VP ( ) Delete
Name: CONTREAS, REYES
Address: P.O. BOX 727
City-St-Zip: LORIDA, FL 33857

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

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

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

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

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: D (X) Change ( ) Addition
Name: WILLIAMS, LOUISE
Address: 322 RED PINE STREET
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 03/20/2009

Electronic Signature of Signing Officer or Director — Date