

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002119

FILED  
Jan 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

6205 OCTAVIA ST.  
SEBRING, FL 33876

**New Principal Place of Business:**

7505 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:**

CONTREAS, TIFFINY  
7505 OCTAVIA ST.  
SEBRING, FL 33876 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:

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D  
Name: GRANT, LOUISE  
Address: 2501 HOPE CIRCLE  
City-St-Zip: SEBRING, FL 33870

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: TIFFINY CONTRERAS

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date