2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N07000003113

Entity Name: NEW HARVEST BAPTIST CHURCH, INC.

Current Principal Place of Business:

4601 SEMINOLE PRATT WHITNEY RD.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

6967 OAK BRIDGE LANE
LAKE WORTH, FL 33467

New Mailing Address:

1245 OAKWATER DRIVE
ROYAL PALM BEACH, FL 33411

FEI Number: 30-0412805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAY, SAMUEL A
6967 OAK BRIDGE LANE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

JAY, SAMUEL A
1245 OAKWATER DRIVE
ROYAL PALM BEACH, FL 33411 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: 03/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HELTON, RICHARD
Address: 2647 SEMINOLE PRATT WHITNEY RD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T/D ( ) Delete
Name: MOULTON, PAULA
Address: 1605 DORAL DR.
City-St-Zip: GREENACRES, FL 33413

Title: S ( ) Delete
Name: MISNER, GINGER
Address: 5803 S. 37TH CT
City-St-Zip: GREENACRES, FL 33463

Title: P/D ( ) Delete
Name: JAY, SAMUEL A
Address: 6967 OAK BRIDGE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: INGRAM, BRIAN
Address: 5113 PALMBROOKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417

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: P/D (X) Change ( ) Addition
Name: JAY, SAMUEL A
Address: 1245 OAKWATER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D (X) Change ( ) Addition
Name: INGRAM, BRYAN
Address: 5113 PALMBROOKE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417

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: PAULA A MOULTON T 03/29/2009
Electronic Signature of Signing Officer or Director — Date