2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N07000004795

Entity Name: FOR YOUR GLORY HARVEST MINISTRIES, INC.

Current Principal Place of Business:

3333 INTERNATIONAL VILLAGE CT
JACKSONVILLE, FL 32277

New Principal Place of Business:

3215 NW 15TH AVE
GAINESVILLE, FL 32627

Current Mailing Address:

PO BOX 5654
GAINESVILLE, FL 326275654

New Mailing Address:

FEI Number: 71-1024316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, TIFFANY D
3333 INTERNATIONAL VILLAGE CT
JACKSONVILLE, FL 32277 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: DP ( ) Delete
Name: JACKSON, HAROLD D
Address: 3333 INTERNATIONAL VILLAGE CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: DV ( ) Delete
Name: JACKSON, TIFFANY D
Address: 3333 INTERNATIONAL VILLAGE CT
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: WILSON, RODNEY
Address: 1901 VISCONTI DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete
Name: WILSON, HARRIETTE
Address: 1901 VISCONTI DR
City-St-Zip: JACKSONVILLE, FL 32211

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:

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: HAROLD D JACKSON DP 04/21/2008

Electronic Signature of Signing Officer or Director — Date