

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005743

FILED
Jul 07, 2009
Secretary of State

Entity Name: HARVEST HOUSE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

222 N. FEDERAL HWY
DANIA BEACH, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

5307 GATE LAKE ROAD
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALTERS, SHANE
5307 GATE LAKE ROAD
TAMARAC, FL 33319 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, CANDACE E
Address: 5307 GATE LAKE ROAD
City-St-Zip: TAMARAC, FL 33319 US

Title: VP () Delete
Name: WALTERS, SHANE
Address: 5307 GATE LAKE ROAD
City-St-Zip: TAMARAC, FL 33319 US

Title: TRES () Delete
Name: HILL, EVELYN
Address: 2216 NW 15TH AVE. APT.#3
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: S () Delete
Name: REID, MADGE
Address: 222 N. FEDERAL HWY
City-St-Zip: DANIA BEACH, FL 33004 US

Title: S () Delete
Name: LYOD, JANE
Address: 2004 NW 59TH WAY #2
City-St-Zip: FORT LAUDERDALE, FL 33315 US

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

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: TIFFAIN, WILLIAMS A
Address: 5307 GATE LAKE RD.
City-St-Zip: TAMARAC, FL 33319 US

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: SHANE WALTERS

VP

07/07/2009

Electronic Signature of Signing Officer or Director

Date