
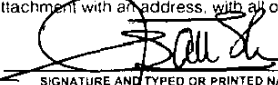


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90031 015 \*\*\*\*61.25

<b>DOCUMENT # N07000006811</b> 1. Entity Name <b>HARVEST PENTECOSTAL CHURCH, INC.</b>					
Principal Place of Business <b>9040 NW 24TH PL SUNRISE, FL 33322</b>			Mailing Address <b>9040 NW 24TH PL SUNRISE, FL 33322</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>26-0536660</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>VARUGHESE, ROY 20220 SW 51ST CT PEMBROKE PINES, FL 33332</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACKO, VARUGHESE M 4125 W WHITEWATER AVE WESTON, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PR. SAM M. JOSEPH 13964 SW 70 AVE, APT JJ208 MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARUGHESE, KOVOOR O 711 NW 93RD TERR PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SAM GEORGE 9040 NW 24 PL SUNRISE, FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARUGHESE, ISSAC 2051 NW 107TH AVE SUNRISE, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROY VARUGHESE 20220 SW 51 CT PEMBROKE PINES, FL 33332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARUGHESE, JOHN 6327 TAYLOR ST HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN VARUGHESE M. CHACKO 4125 W. WHITENATER AVE WESTON, FL 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN KOVOOR O. VARUGHESE 711 NW 93 TERR PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN VARGHESE 6327 TAYLOR ST HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SAM GEORGE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 04/08/08 954-578-1258		