

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008551

FILED
Jun 08, 2009
Secretary of State

Entity Name: HARVEST INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1829 VISTA COVE RD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

480 WILDWOOD DR
ST. AUGUSTINE, FL 32086

Current Mailing Address:

1829 VISTA COVE RD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

480 WILDWOOD DR
ST. AUGUSTINE, FL 32086

FEI Number: 61-1545018 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

STROMAN, VERNON SR
1829 VISTA COVE RD.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

STROMAN, VERNON SR
212 GALLICIA AVE
ST AUGUSTINE, FL 32086 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: VERNON STROMAN SR

06/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STROMAN, VERNON SR
Address: 1829 VISTA COVE RD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VPD () Delete
Name: STROMAN, VERNON JR
Address: 1829 VISTA COVE RD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD () Delete
Name: STROMAN, SHERENA
Address: 17A NESMITH ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD () Delete
Name: STROMAN, CORRIE B
Address: 1829 VISTA COVE RD.
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STROMAN, VERNON SR
Address: 212 GALLACIA AVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD (X) Change () Addition
Name: STROMAN, VERNON JR
Address: 28 PLEASANT POINT
City-St-Zip: PALM AVE, FL 32137

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

Title: TD (X) Change () Addition
Name: STROMAN, CARRIE B
Address: 212 GALLACIA AVE
City-St-Zip: ST. AUGUSTINE, FL 32086

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: VERNON STROMAN SR

PD

06/08/2009

Electronic Signature of Signing Officer or Director

Date