

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001225

FILED
Apr 27, 2009
Secretary of State

Entity Name: KINGDOM HARVEST FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

35 JERRY LYNN RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

35 JENNY LYNN RD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

PO BOX 396
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 26-2255965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD STE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

LANIER, FREDERICK J
65 WILL ROAD
CRAWFORDVILLE, FL 32327 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: FREDERICK J. LANIER

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ATKINS, MICHAEL A
Address: 52 LOG CABIN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: ATKINS, MANDY L
Address: 52 LOG CABIN ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: BARINEAU, CAROL J
Address: PO BOX 396
City-St-Zip: CRAWFORDVILLE, FL 32326

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LANIER, FREDERICK J
Address: 65 WILL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S/D (X) Change () Addition
Name: LAMBOU-REECE, DENITA L
Address: 233 BAY PINE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T/D (X) Change () Addition
Name: BARINEAU, CAROL J
Address: PO BOX 396
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Change (X) Addition
Name: CREEL, EDWARD
Address: 347 EMERALD ACRES DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Change (X) Addition
Name: HAMPTON, MITCHAE E
Address: POST OFFICE BOX 396
City-St-Zip: CRAWFORDVILLE, FL 32326

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: CAROL J. BARINEAU

T/D

04/27/2009

Electronic Signature of Signing Officer or Director

Date