

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005907

FILED
May 16, 2010
Secretary of State

Entity Name: HARVEST WORSHIP CENTER INTERNATIONAL #2 INC

Current Principal Place of Business:

5211 NW MAYFIELD LANE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13783
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 90-0375332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MUIR, CHARMAINE
5211 NW MAYFIELD LANE
PORT SAINT LUCIE, FL 34983 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: D
Name: MUIR, CHARMAINE
Address: 5211 NW MAYFIELD LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D
Name: MUIR, FLOYD
Address: 5211 NW MAYFIELD LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D
Name: SUAREZ, SHANIQUE
Address: 2046 SE ANCORA CT.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D
Name: CLARE, MICHAEL
Address: 4036 WHITE PLAIN RD 2ND FL.
City-St-Zip: BRONX, NY 10467

Title: O
Name: SIMPSON, JULIET R
Address: 3371 DECATOR AVE APT A
City-St-Zip: BRONX, NY 10467

I hereby 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 all other like empowered.

SIGNATURE: CMUIR

D

05/16/2010

Electronic Signature of Signing Officer or Director

Date