2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2009
Secretary of State

DOCUMENT# N08000007104

Entity Name: HARVEST OF FAITH CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1042 PLAZA DRIVE
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

346 AYLESBURY COURT
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 26-3068446 **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:

GARCIA, CAMILO
346 AYLESBURY COURT
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

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: GARCIA, CAMILO
Address: 346 AYLESBURY COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC. ( ) Delete
Name: PACHECO, VICTOR H
Address: 1533 COLONY AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: TRE. ( ) Delete
Name: VIDAL-VIZUETA, JULISSA
Address: 84-01 MAIN STREET - APT. 712
City-St-Zip: JAMAICA, NY 11435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC. (X) Change ( ) Addition
Name: PACHECO, VICTOR H
Address: 2626 QUAIL RUN BLVD. N.
City-St-Zip: KISSIMMEE, FL 34744

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

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: CAMILO GARCIA P 09/09/2009

Electronic Signature of Signing Officer or Director — Date