

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009868

FILED
Jan 26, 2009
Secretary of State

Entity Name: LEHIGH ACRES CHURCH OF GOD - HARVEST MINISTRIES, INC.

Current Principal Place of Business:

200 LEE BOULEVARD
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

200 LEE BOULEVARD
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 59-2066475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMKISSOON, OSBORN
4681 VARSITY CIRCLE
LEHIGH ACRES, FL 33936 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: D () Delete
Name: BRATCHER, JUSTIN
Address: 1505 GERALD AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: JEFFERSON, MARIANN
Address: 1200 BROAD STREET W #G-10
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: SANCHEZ, ERNIE
Address: 706 POINSETTIA AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: SMITH, WAYNE
Address: 523 DESOTO AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: THOMPSON, CYNTHIA
Address: 1319 JOHNS AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: BUISSERETH, BOB
Address: 2409 BAY PLAZA
City-St-Zip: LEHIGH ACRES, FL 33972

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: OSBORN RAMKISSOON

D

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date