

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003169

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** FAITHFUL HARVEST FAMILY WORSHIP CENTER INC.

**Current Principal Place of Business:**

7319 FOREST MERE DRIVE  
RIVERVIEW, FL 33578 US

**New Principal Place of Business:**

**Current Mailing Address:**

7319 FOREST MERE DRIVE  
RIVERVIEW, FL 33578 US

**New Mailing Address:**

**FEI Number:** 27-2266540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, CEDRIC L  
7319 FOREST MERE DRIVE  
RIVERVIEW, FL 33578 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  
**Name:** MITCHELL, CEDRIC L  
**Address:** 7319 FOREST MERE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33578 US

**Title:** VP  
**Name:** MITCHELL, TESSA R  
**Address:** 7319 FOREST MERE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33578 US

**Title:** T  
**Name:** DAMPIER, LAWRENCE H  
**Address:** 3401 MARSHFIELD PRESERVE WAY  
**City-St-Zip:** KISSIMMEE, FL 34746 US

**Title:** D  
**Name:** MITCHELL, CEDRIC L  
**Address:** 7319 FOREST MERE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33578 US

**Title:** D  
**Name:** MITCHELL, TESSA R  
**Address:** 7319 FOREST MERE DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33578 US

**Title:** D  
**Name:** DAMPIER, LAWRENCE H  
**Address:** 3401 MARSHFIELD PRESERVEWAY  
**City-St-Zip:** KISSIMMEE, FL 34746 US

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:** CEDRIC MITCHELL

MR.

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date