

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003566

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** REAPING THE HARVEST DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

2318 CHEROKEE COVE TRAIL  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

6200 LAKE GRAY BLVD  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

2318 CHEROKEE COVE TRAIL  
JACKSONVILLE, FL 32221

**New Mailing Address:**

**FEI Number:** 27-2307707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRITCHETT, TAVORIS D SR.  
2318 CHEROKEE COVE TRAIL  
JACKSONVILLE, FL 32221 US

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

PRITCHETT, TAVORIS SR.  
2318 CHEROKEE COVE TRAIL  
JACKSONVILLE, FL 32221 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: TAVORIS PRITCHETT

03/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PRITCHETT, TAVORIS SR  
Address: 2318 CHEROKEE COVE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32221

Title: D  
Name: PRITCHETT, NICOLE  
Address: 2318 CHEROKEE COVE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32221

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: NICOLE PRITCHETT

D

03/15/2011

Electronic Signature of Signing Officer or Director

Date