

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003566

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

6200 LAKE GRAY BLVD  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

795-H BLANDING BLVD  
ORANGE PARK, FL 32065

**Current Mailing Address:**

2318 CHEROKEE COVE TRAIL  
JACKSONVILLE, FL 32221

**New Mailing Address:**

6945 MORSE AVE  
422  
JACKSONVILLE, FL 32244

**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 SR.  
2318 CHEROKEE COVE TRAIL  
JACKSONVILLE, FL 32221 US

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

PRITCHETT, TAVORIS SR.  
6945 MORSE AVE  
422  
JACKSONVILLE, FL 32244 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: NICOLE PRITCHETT

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PRITCHETT, TAVORIS SR  
Address: 6945 MORSE AVE 422  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D  
Name: PRITCHETT, NICOLE  
Address: 6945 MORSE AVE 422  
City-St-Zip: JACKSONVILLE, FL 32244

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

02/23/2012

Electronic Signature of Signing Officer or Director

Date