

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31340

FILED
Mar 19, 2007
Secretary of State

Entity Name: NEW HARVEST FELLOWSHIP, INC.

Current Principal Place of Business:

PO BOX 1212
HILLIARD, FL 32046

New Principal Place of Business:

37849 EASTWOOD RD
HILLIARD, FL 32046

Current Mailing Address:

PO BOX 1212
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 59-2895936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBBEDGE, DAVID L
27029 COUNTRY DR
HILLIARD, FL 32046 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: PD () Delete
Name: CUBBEDGE, DAVID L
Address: 27029 COUNTRY DR
City-St-Zip: HILLIARD, FL 32046

Title: VD () Delete
Name: DOVE, CONRAD
Address: RT 1 BOX 1062
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: ROSIER, RAY
Address: RT 3 BOX 6330
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: DOVE, CONRAD
Address: 37421 BULFORD RD
City-St-Zip: HILLIARD, FL 32046

Title: D (X) Change () Addition
Name: ROSIER, RAY
Address: 29856 PO RD
City-St-Zip: HILLIARD, FL 32046

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID L CUBBEDGE

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date