

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31340

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: NEW HARVEST FELLOWSHIP, INC.

**Current Principal Place of Business:**

37837 EASTWOOD RD  
HILLIARD, FL 32046

**New Principal Place of Business:**

**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:**

CUBBEDGE, BRUCE D  
27102 COUNTRY DR  
HILLIARD, FL 32046 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: BRUCE D CUBBEDGE

02/19/2009

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: SIMMONS, ROBERT  
Address: 27046 OHIO ST APT #37  
City-St-Zip: HILLIARD, FL 32046

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CUBBEDGE, BRUCE D  
Address: 27102 COUNTRY DR  
City-St-Zip: HILLIARD, FL 32046

Title: T (X) Change ( ) Addition  
Name: RINER, DELORES J  
Address: 56336 GRIFFIN RD  
City-St-Zip: CALLAHAN, FL 32011

Title: S (X) Change ( ) Addition  
Name: CAGLE, STEPHANIE E  
Address: 37177 CODY CIRCLE APT L 3  
City-St-Zip: HILLIARD, FL 32046

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: BRUCE D CUBBEDGE

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date