

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36595

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: HARVEST OF LIFE, INC.

## Current Principal Place of Business:

3053 BELL GROVE DR.  
TALLAHASSEE, FL 32308 US

## New Principal Place of Business:

## Current Mailing Address:

3053 BELL GROVE DR.  
TALLAHASSEE, FL 32308 US

## New Mailing Address:

PO BOX 12233  
TALLAHASSEE, FL 32317 US

FEI Number: 75-1889419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NASE, DANIEL R III  
3053 BELL GROVE DRIVE  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

NASE, MARILYN E  
3053 BELL GROVE DRIVE  
TALLAHASSEE, FL 32308 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: MARILYN E. NASE

04/16/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: GWYNN, MURL  
Address: P.O. BOX 2165  
City-St-Zip: REIDSVILLE, GA 30453

Title: S ( ) Delete  
Name: PRICE, WOODROW F  
Address: 8031 BERNARD STREET  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: NASE, DANIEL R III  
Address: 3053 BELL GROVE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete  
Name: WOODRUFF, KEN E  
Address: 4195 NEFF LAKE ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete  
Name: GRIDLEY, CLARENCE A III  
Address: 425 OLD DIRT ROAD  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VC ( ) Delete  
Name: FARRAN, WILLIAM D  
Address: 7820 SKIPPER LANE  
City-St-Zip: TALLAHASSEE, FL 32311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: NASE, MARILYN E  
Address: 3053 BELL GROVE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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: MARILYN E. NASE

D

04/16/2007

Electronic Signature of Signing Officer or Director

Date