

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36595

FILED
Mar 21, 2009
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:

PO BOX 12233
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 75-1889419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Title: () Change () Addition
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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 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

03/21/2009

Electronic Signature of Signing Officer or Director

Date