# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N36881

1. Entity Name
NEW HARVEST MINISTRIES INTERNATIONAL, INC.

FILED
08 AUG 18 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 370 HOLIDAY ISLE BLVD<br>CLEWISTON, FL 33440 US | PO BOX 700<br>CLEWISTON, FL 33440 US |

08112008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0161585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DAVID J STRICKLAND<br>919 N BERNER ROAD<br>CLEWISTON, FL 33440 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MILLER, JOHN ANTHONY<br>224 SANDY RUN DR.<br>GREER, SC 29651 | ☒ Delete | President<br>Miller, John Anthony<br>12708 Cobblestone Way<br>Oklahoma City, OK 73142 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MILLER, REV. JOHN L.<br>7010 EGGBORNSVILLE RD<br>RIXEYVILLE, VA 72737 | ☐ Delete | 300134952363<br>08/26/08--01011--003 **61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>STRICKLAND, DAVID J<br>919 N BERNER ROAD<br>CLEWISTON, FL 33440 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PELHAM, CHARLES C<br>305 E. CRESCENT AVE.<br>CLEWISTON, FL 33440 | ☐ Delete | VP<br>Pelham, Charles C.<br>305 East Crescent Ave<br>Clewiston, FL 33440 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☑ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ David J Strickland 8/12/08 863-983-3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #