2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N36881

Entity Name: NEW HARVEST MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

370 HOLIDAY ISLE BLVD
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 700
CLEWISTON, FL 33440 US

New Mailing Address:

370 HOLIDAY ISLE BLVD
CLEWISTON, FL 33440 US

FEI Number: 65-0161585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID J STRICKLAND
919 N BERNER ROAD
CLEWISTON, FL 33440 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:	P	( ) Delete
Name:	MILLER, JOHN A	
Address:	12708 COBBLESTONE WAY	
City-St-Zip:	OKLAHOMA CITY, OK 73142	
Title:	VD	( ) Delete
Name:	MILLER, REV. JOHN L.	
Address:	7010 EGGBORNSVILLE RD	
City-St-Zip:	RIXEYVILLE, VA 72737	
Title:	STD	( ) Delete
Name:	STRICKLAND, DAVID J	
Address:	919 N BERNER ROAD	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	VP	( ) Delete
Name:	PELHAM, CHARLES C	
Address:	305 E. CRESCENT AVE.	
City-St-Zip:	CLEWISTON, FL 33440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	STRICKLAND, DAVID J	
Address:	919 N BERNER ROAD	
City-St-Zip:	CLEWISTON, FL 33440	
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: DAVID J STRICKLAND ST 04/16/2009

Electronic Signature of Signing Officer or Director Date