

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41379

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: FAITH HARVEST MINISTRIES, INC.

**Current Principal Place of Business:**

1537 MILL SLOUGH RD.  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

1537 MILL SLOUGH RD.  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

FEI Number: 59-3040684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KENNA, WILLIAM D  
1537 MILL SLOUGH RD.  
KISSIMMEE, FL 34744 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: D ( ) Delete  
Name: KENNA, WILLIAM D.,  
Address: 1537 MILL SLOUGH RD.  
City-St-Zip: KISSIMMEE, FL 00

Title: D ( ) Delete  
Name: KENNA, JANELLE L.,  
Address: 1537 MILL SLOUGH RD.  
City-St-Zip: KISSIMMEE, FL 00

Title: D ( ) Delete  
Name: KENNA, KEVIN, L.,  
Address: 1537 MILL SLOUGH RD.  
City-St-Zip: KISSIMMEE, FL 00

Title: D ( ) Delete  
Name: TROTTER, MARY  
Address: 1537 MILL SLOUGH RD.  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D ( ) Delete  
Name: KERR, PAULA  
Address: 1537 MILL SLOUGH RD.  
City-St-Zip: KISSIMMEE, FL 34744 US

**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  
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: WILLIAM D. KENNA

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date