


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90175 043 ****61.25

DOCUMENT # N42814 1. Entity Name HARVEST WORSHIP CENTER, INC.					
Principal Place of Business 3238 EAST HIGHWAY 390 PANAMA CITY, FL 32405			Mailing Address 3238 EAST HIGHWAY 390 PANAMA CITY, FL 32405		
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		
6. Name and Address of Current Registered Agent RAMSEY, JOHN R PASTOR 3238 EAST HIGHWAY 390 PANAMA CITY, FL 32405-9305				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fees \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD RAMSEY, JOHN R 5131 E. 10TH STREET PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAMSEY, JOHN R. 704 W. 17TH ST LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TEED, CLAY 412 ALABAMA AVE LYNN HAVEN, FL 32444		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Teed clay 412 Alabama Ave. LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, JOHNNY RAY .8500 HIGHWAY 2301 PANAMA CITY, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD John Haskala 1502 E. 40th Place LYNN HAVEN, FL, 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Brandy Ramsey 704 W. 17th St LYNN HAVEN FL 32444	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	
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: _____ President John R. Ramsey 4/16/07 271-9847 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40061406



04172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3058650 Applied For
Not Applicable

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