2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# N47577

Entity Name: HARVEST COMMUNITY CHURCH, INC.

Current Principal Place of Business:

10951 E TERRY STREET
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

10951 E TERRY STREET
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-0315844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAGES, LUIS
11380 DEAN ST.
BONITA SPRINGS, FL 34135 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: PD ( ) Delete
Name: PAGES, LUIS
Address: 11380 DEAN ST.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete
Name: PAGES, CANDY
Address: 11380 DEAN ST.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD ( ) Delete
Name: SCHULTZ, ERICH M
Address: 27221 OLIVER DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD ( ) Delete
Name: SHEFFIELD, JUSTIN R
Address: 2770 LIME ST
City-St-Zip: BONITA SPRINGS, FL 34135

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: VD (X) Change ( ) Addition
Name: BOUZA, KATINA R
Address: 3641 19TH AVE SW
City-St-Zip: NAPLES, FL .34117

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: CANDY PAGES SD 01/26/2006

Electronic Signature of Signing Officer or Director — Date