

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000149

FILED
Apr 29, 2005
Secretary of State

Entity Name: WORLD HARVEST EAGLE MINISTRY INC.

Current Principal Place of Business:

4198 OKEECHOBEE ROAD
FT. PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2388
FT. PIERCE, FL 34954

New Mailing Address:

FEI Number: 65-0387917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASKIN, MARJORIE B MS.
2010 AVENUE O
FT. PIERCE, FL 34950 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: CD () Delete
Name: JEAN, ILA
Address: 815 23 PLACE SW
City-St-Zip: VERO BEACH, FL 32962

Title: VD () Delete
Name: MORRIS, MICHEAL A
Address: 588 NW WAVERLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD () Delete
Name: GASKIN, MARJORIE B
Address: 2010 AVENUE O
City-St-Zip: FT. PIERCE, FL 34950

Title: TD () Delete
Name: MORRIS, PATRICIA B
Address: 2406 RIVER HAMMOCK LANE
City-St-Zip: FT. PIERCE, FL 34981

Title: VD () Delete
Name: CHESTER, SYLENA R
Address: 2108 CANAL TERRACE
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: HEWITT, ELNORA D
Address: 1613 AVENUE E, APT. A
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MORRIS, MICHAEL A
Address: 588 NW WAVERLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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 Section 119.07(3)(i), 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: MARJORIE B GASKIN

SD

04/29/2005

Electronic Signature of Signing Officer or Director

Date