

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N93000000149

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 (X)

**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, MICHAEL 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:      ( ) 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 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: MARJORIE B. GASKIN

SD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date