

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000149

FILED
Apr 30, 2009
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 23

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: LEWIS, WILHELMINA DR.
Address: 5304 EAGLE DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: VD () Delete
Name: SCOTT, TED
Address: 72 VIRGINIA PARK BLVD.
City-St-Zip: FORT PIERCE, FL 34947

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

Title: D () Delete
Name: HEWITT, ELNORA D
Address: 6703 PENSACOLA RD.
City-St-Zip: FT. PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SCOTT, TED
Address: 6855 JORGENSEN ROAD
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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date