

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001273

FILED
Jun 07, 2006
Secretary of State

Entity Name: HARVEST FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

407 HATLEY ST.
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1512
JASPER, FL 32052

New Mailing Address:

FEI Number: 59-3184206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMASON, JERRY A
407 E HATLEY ST
JASPER, FL 32052 US

Name and Address of New Registered Agent:

THOMASON, JERRY A
3770 N. HWY 129
JASPER, FL 32052 US

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: _____

06/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNIGHT, JAMES
Address: 5158 SW 69TH BLVD.
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: EVANS, BILLY
Address: 4105 NE 112TH PL
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: JENKINS, DON
Address: 6346 SR 6 W
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: LESSMAN, ANN
Address: 407 2ND ST 4TH AVE., P.O. BOX 214
City-St-Zip: JASPER, FL 32052

Title: P () Delete
Name: THOMASON, JERRY A
Address: P.O. BOX 1512, 3770 N HWY 129
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: LESSMAN, KIM
Address: 605 6TH AVE NW
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BELOTE, HAROLD
Address: 1140 FIELDCREST RD.
City-St-Zip: JASPER, FL 32052

Title: D (X) Change () Addition
Name: BOZEMAN, MARK
Address: 427 VICKERS CT.
City-St-Zip: JASPER, FL 32052

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 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: JERRY A THOMASON

P

06/07/2006

Electronic Signature of Signing Officer or Director

Date