

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

7/1

FILED
Aug 07, 2008 8:00 am
Secretary of State

07-17-2008 90063 023 ****61.25

DOCUMENT # N93000004463 1. Entity Name HARVEST HOUSE, INC.					
Principal Place of Business 110 MARLER STREET DESTIN, FL 32541				Mailing Address PO BOX 372 DESTIN, FL 32540	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3255093	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OGLE, JERRY 155 PARADISE PT LANE SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Jerry Ogle</i></u> VP Board of Director (NOTE: Registered Agent signature required when registering) DATE					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD OGLE, JERRY P.O. BOX 1181 N/A DESTIN, FL 32540	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD FRASER, KEN RT 1 BOX 1040 SANTA ROSA BCH, FL 32459	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, CHERYL 520 BENNING DR DESTIN, FL 32541	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ERICKSON, LAINIE 228 DIAMOND COVE DESTIN, FL 32541	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGLE, JERRY PO BOX 1181 DESTIN, FL 32540	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BAKER, DON 1038 EMERALD BAY DR DESTIN, FL 32541	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Harvest House</i></u> 8-3-08 <i>Director</i> (NOTE: Registered Agent signature required when registering) DATE					

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