2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# N94000003666

Entity Name: NEW HARVEST CHRISTIAN CENTER CHURCH OF GOD IN CHRIST INC.

Current Principal Place of Business:

6205 WOODVILLE HIGHWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

6205 WOODVILLE HIGHWAY
TALLAHASSEE, FL 32305

Current Mailing Address:

P.O. BOX 6607
TALLAHASSEE, FL 32310 US

New Mailing Address:

P.O. BOX 6607
TALLAHASSEE, FL 32314 US

FEI Number: 59-3254877 **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:

BROWN, RAY C
6452 MARY LAKE CT.
TALLAHASSEE, FL 32311 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: PD ( ) Delete
Name: BROWN, RAY C
Address: 6452 MARY LAKE CT.
City-St-Zip: TALLAHASSEE, FL 32311

Title: T ( ) Delete
Name: BROWN, CARL
Address: 1510 SOUP ST.
City-St-Zip: TALLAHASSEE, FL 32310

Title: STR ( ) Delete
Name: BROWN, MOLLIE L
Address: 6452 MARY LAKE CT.
City-St-Zip: TALLAHASSEE, FL 32311

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:

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: RAY C. BROWN PD 05/07/2008

Electronic Signature of Signing Officer or Director — Date