

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000975

FILED
Jul 05, 2009
Secretary of State

Entity Name: CHRIS HARVEY MINISTRIES, INC.

Current Principal Place of Business:

14731 NORTH CLEVELAND AVE US 41
NORTH FT MYERS, FL 33975 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2708
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-3237006 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:

Name and Address of New Registered Agent:

HARVEY, CHRIS
14731 NORTH CLEVELAND AVE US 41
NORTH FT MYERS, FL 33975 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARVEY, CHRISTOPHER F
Address: P O BOX 5620
City-St-Zip: KINGWOOD, TX 77325

Title: VP () Delete
Name: HARVEY, LYNETTE C
Address: 144 SUMMER RAIN DRIVE
City-St-Zip: KINGWOOD, TX 77339

Title: ST () Delete
Name: MAGUIRE, DIANE
Address: 12202 N 22ND ST, APT 732
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: ARNOLD, DUANE
Address: 4975 C 91ST AVE, NORTH
City-St-Zip: PINELLAS PARK, FL 34666

Title: D () Delete
Name: ARNOLD, CAROLYN
Address: 4975 C 91ST AVE, NORTH
City-St-Zip: PINELLAS PARK, FL 34666

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:

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: LYNETTE C HARVEY

VP

07/05/2009

Electronic Signature of Signing Officer or Director

Date