2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N95000002297

Entity Name: WORLD HARVEST MISSIONS, INC.

Current Principal Place of Business:

10421 PENNSYLVANIA AVE.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

10421 PENNSYLVANIA AVE.
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-0618422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRUYNING, LUCIUS
10421 PENNSYLVANIA AVE.
BONITA SPRINGS, FL 34135 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:	BRUYNING, LUCIUS H	
Address:	P.O. BOX 2248 N/A	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	VD	( ) Delete
Name:	ADAMS, WILFRED	
Address:	P.O. BOX 10769 N/A	
City-St-Zip:	GEORGETOWN, GUYANA,	
Title:	D	( ) Delete
Name:	FRANKLIN, MARGARET	
Address:	6310 MARBUT FARMS TRAIL	
City-St-Zip:	LITHONIA, GA 30058	
Title:	ST	( ) Delete
Name:	BRUYNING, MAGNELL	
Address:	P.O. BOX 2248	
City-St-Zip:	BONITA SPRINGS, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	BRUYNING, LUCIUS H	
Address:	10421 PENNSYLVANIA AVE	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	BRUYNING, MAGNELL	
Address:	10421 PENNSYLVAIA AVE	
City-St-Zip:	BONITA SPRINGS, FL 34135 US	

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: LUCIUS BRUYNING PD 02/05/2009

Electronic Signature of Signing Officer or Director — Date