

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2004
Secretary of State**

DOCUMENT# N95000005990

Entity Name: HARVEST OUTREACH, INC.

Current Principal Place of Business:

7280 PLANTATION ROAD
STE. D
PENSACOLA, FL 32505 US

New Principal Place of Business:

215 HERMAN ST.
PENSACOLA, FL 32505 US

Current Mailing Address:

P.O. BOX 11185
PENSACOLA, FL 32524 US

New Mailing Address:

FEI Number: 59-3354817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEPINAY, ROBERT M
305 FERN POINTE LN.
PENSACOLA, FL 32505

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: DP () Delete
Name: LEPINAY, ROBERT M
Address: 305 FERN POINTE LN
City-St-Zip: PENSACOLA, FL 32505

Title: DV () Delete
Name: WALKER, CRAIG
Address: 4311 WHITELEAF COURT
City-St-Zip: PENSACOLA, FL 32504

Title: DS () Delete
Name: SEXTON, GREG
Address: 3841 FOREST GLEN DR.
City-St-Zip: PENSACOLA, FL 32504

Title: DT () Delete
Name: WATSON, CHRIS
Address: 3042 CONCHO DR.
City-St-Zip: PENSACOLA, FL 32507

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT LEPINAY

DP

01/12/2004

Electronic Signature of Signing Officer or Director

Date