

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005990

FILED
Feb 08, 2007
Secretary of State

Entity Name: HARVEST OUTREACH, INC.

Current Principal Place of Business:

812 N. W STREET
PENSACOLA, FL 32505 US

New Principal Place of Business:

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

Title: DV () Delete
Name: WALKER, CRAIG
Address: 512 EVENTIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: DS () Delete
Name: SEXTON, GREG
Address: 2449 SUNNYDALE LANE
City-St-Zip: PENSACOLA, FL 32534

Title: DT () Delete
Name: HIRTH, ROGER
Address: 3555 DUNFRIES
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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 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: ROBERT M LEPINAY

DP

02/08/2007

Electronic Signature of Signing Officer or Director

_____ Date