

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 23, 2008  
Secretary of State**

DOCUMENT# N95000005990

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: 4311 WHITELEAF COURT  
City-St-Zip: PENSACOLA, FL 32504

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: 4530 BOHEMIA DR.  
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 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

01/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date