

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**May 13, 2011**  
**Secretary of State**

DOCUMENT# N95000005990

Entity Name: HARVEST OUTREACH, INC.

**Current Principal Place of Business:**

1809 W. GARDEN ST.  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17667  
PENSACOLA, FL 32522 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  
Name: LEPINAY, ROBERT M  
Address: 305 FERN POINTE LN  
City-St-Zip: PENSACOLA, FL 32505

Title: DV  
Name: HIRTH, ROGER  
Address: 3129 BELLE CHRISTIANE PLACE  
City-St-Zip: PENSACOLA, FL 32503

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

Title: DT  
Name: BEAL, RICH  
Address: 2335 ARRIVISTE WAY  
City-St-Zip: PENSACOLA, FL 32504

Title: CH  
Name: LOFTIS, JOHN  
Address: 7150 CLEARWOOD RD.  
City-St-Zip: PENSACOLA, FL 32522 UN

Title: DIR  
Name: ONGALO, SCOTT  
Address: 6060 MARY KITCHENS RD.  
City-St-Zip: MILTON, FL 32583

I hereby 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 all other like empowered.

SIGNATURE: GREG SEXTON

DT

05/13/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date