

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004017

FILED
May 01, 2006
Secretary of State

Entity Name: HARVEST FIELDS CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1401 LAKE DRIVE
CANTONMENT, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 463
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 62-1647680 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ISBELL, DELIA
1401 LAKE DR.
CANTONMENT, FL 32533 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: D () Delete
Name: LEWIS, FRANK
Address: 33763 LOST RIVER RD.
City-St-Zip: SEMINOLE, AL 32574

Title: D () Delete
Name: HAMILTON, DEBBIE
Address: 1714 W LAKEVIEW
City-St-Zip: PENSACOLA, FL 32501

Title: V () Delete
Name: WINGATE, PATRICIA
Address: 1110 VANKIRK AV
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: CARISTI, ROBERT
Address: 33759 LOST RIVER RD
City-St-Zip: SEMINOLE, AL 32574

Title: P () Delete
Name: ISBELL, RANDALL
Address: 1401 LAKE DR.
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: WINPIGLER, MELISSA
Address: 416 VERA ST
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEWIS, CUPIDEAN
Address: 33763 LOST RIVER RD.
City-St-Zip: SEMINOLE, AL 32574

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

Title: V (X) Change () Addition
Name: ISBELL, DELIA A
Address: 1401 LAKE DRIVE
City-St-Zip: PENSACOLA, FL 32533

Title: D (X) Change () Addition
Name: BROWN, MARILYN
Address: 1400 LEMHURST ROAD
City-St-Zip: PENSACOLA, FL 32507

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: DELIA A. ISBELL

V

05/01/2006

Electronic Signature of Signing Officer or Director

Date