


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

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005311 1. Entity Name THE GREAT HARVEST JAIL, PRISON AND STREET MINISTRIES, INC.	
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Principal Place of Business 13025 27 DRIVE WELLBORN, FL 32094 US	Mailing Address 13025 27 DRIVE WELLBORN, FL 32094 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3404570	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOBCZAK, BERNICE 13025 27TH STREET WELLBORN, FL 32094	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>Bernice Sobczak</i> <small>Signature typed or printed name of registered agent and title if applicable</small>	<i>Vice President</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>2-23-08</i> <small>DATE</small>

Filing Fee is \$61.25 ✓ Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000841887 03/11/08-80005-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOBCZAK, JOHN A 13025 27 DRIVE WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SOBCZAK, BERNICE A 13025 27 DRIVE WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KRANZ, MARILYN 13025 27 DRIVE WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>John A Sobczak Pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>2-23-08</i> <small>Date</small>	<i>386-963-3487</i> <small>Daytime Phone #</small>