

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000955

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** WORLD HARVEST COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

2276 N US 1  
FT PIERCE, FL 34946

**New Principal Place of Business:**

4198 OKEECHOBEE ROAD  
FT PIERCE, FL 34947

**Current Mailing Address:**

2276 N US 1  
FT PIERCE, FL 34946

**New Mailing Address:**

P. O. BOX 2388  
FT PIERCE, FL 34954

**FEI Number:** 65-0717990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASKIN, MARJORIE  
2010 AVENUE O  
FORT PIERCE, FL 34950

**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: TOMMIE, WANDA  
Address: 4280 FAVORITE ROAD  
City-St-Zip: FT PIERCE, FL 34981

Title: DS ( ) Delete  
Name: GASKIN, MARJORIE B  
Address: 2010 AVENUE O  
City-St-Zip: FT PIERCE, FL 34950

Title: DT ( ) Delete  
Name: MORRIS, JOHNNA S  
Address: 588 NW WAVERLY CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 Section 119.07(3)(i), 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: MARJORIE B. GASKIN

DS

04/30/2004

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

\_\_\_\_\_  
Date