


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90005 004 \*\*\*\*61.25

<b>DOCUMENT # N97000005560</b>	
1. Entity Name <b>HARVEST ASSEMBLY OF GOD, INC.</b>	

Principal Place of Business <b>2120 AIRPORT ROAD LAKELAND, FL 33811</b>	Mailing Address <b>2120 AIRPORT ROAD LAKELAND, FL 33811</b>
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P O Box 2069</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Lakeland FL</b>	
Zip	Country	Zip <b>33806</b>	Country

40075000



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2992592</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>CONLEY, KEITH R 4428 GALLOWAY LANE LAKELAND, FL 33810</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
---	--	---	--

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ALLEN, NATHAN D 1335 SUTTON ROAD LAKELAND, FL 33810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JONES, RAYMOND H 416 KERNEYWOOD STREET LAKELAND, FL 33803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Maldonado, Gonzalo 3305 Fiddleleaf Way Lakeland FL 33811</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONNELL, DERRELL D 6220 ROSS CREEK RD. LAKELAND, FL 33811</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOCK, MICHAEL D 147 NW 10TH DRIVE MULBERRY, FL 33860</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARGROVE, WILFRED N 3729 HILEMAN DRIVE NORTH LAKELAND, FL 33810</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Berggren, Douglas J. 4828 Toni Ave Lakeland FL 33812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CONLEY, KEITH R PASTOR 4428 GALLOWAY LANE LAKELAND, FL 33810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Nathan P. Allen</b>	DATE: <b>3/21/07</b>	DAYTIME PHONE: <b>833-616-9116</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

**\* SEE ATTACHED**

ATTACHMENT 40042097

**Addition to Officers and Directors**

#N970000052-60

D

Howell, Stephen

P.O. Box 1380

Mulberry FL 33860-1380

D

Dunsford, Mark

6155 Bethlehem Road

Mulberry FL 33860