

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 27, 2009**  
**Secretary of State**

DOCUMENT# N97000005560

**Entity Name:** HARVEST ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**2120 AIRPORT ROAD  
LAKELAND, FL 33811**New Principal Place of Business:****Current Mailing Address:**P O BOX 2069  
LAKELAND, FL 33806**New Mailing Address:****FEI Number:** 59-2992592**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CONLEY, KEITH R  
4428 GALLOWAY LANE  
LAKELAND, FL 33810 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: T ( ) Delete  
Name: ALLEN, NATHAN D  
Address: 4621 BURGUNDY PL  
City-St-Zip: LAKELAND, FL 33813 US

Title: S ( ) Delete  
Name: MALDONADO, GONZALO  
Address: 3305 FIDDLELEAF WAY  
City-St-Zip: LAKELAND, FL 33811 US

Title: D ( ) Delete  
Name: HARGROVE, WILFRED N  
Address: 3729 HILEMAN DR N  
City-St-Zip: LAKELAND, FL 33810 US

Title: D ( ) Delete  
Name: DUNSFORD, MARK D  
Address: 6155 BETHLEHEM RD  
City-St-Zip: MULBERRY, FL 33860 US

Title: D ( ) Delete  
Name: RAMOS, MARIO  
Address: 358 HOLLY RIDGE ROAD  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: P ( ) Delete  
Name: CONLEY, KEITH R PASTOR  
Address: 4428 GALLOWAY LANE  
City-St-Zip: LAKELAND, FL 33810 US

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

Title: T (X) Change ( ) Addition  
Name: MALDONADO, GONZALO  
Address: 3305 FIDDLELEAF WAY  
City-St-Zip: LAKELAND, FL 33811 US

Title: S (X) Change ( ) Addition  
Name: JONES, RAYMOND H  
Address: 416 KERNEYWOOD STREET  
City-St-Zip: LAKELAND, FL 33803 US

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

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 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: KEITH R CONLEY

P

05/27/2009

Electronic Signature of Signing Officer or Director

Date