

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006904

FILED
Jul 13, 2008
Secretary of State

Entity Name: HARVEST A.M.E. CHURCH OF PAHOKEE, INC.

Current Principal Place of Business:

825 LARRIMORE RD
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

P O BOX 410
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 65-0754774 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

WALLACE, PATRICIA
145 APPLE AVE
PAHOKEE, FL 33476 US

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: P () Delete
Name: WALLACE, PATRICIA
Address: 145 APPLE AVE
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: CRAWFORD, TIFFANY
Address: 8833 EL DORADO DR
City-St-Zip: PAHOKEE, FL 33476

Title: D () Delete
Name: MITCHELL, ANGELA
Address: 180 CUSTARD COURT
City-St-Zip: PAHOKEE, FL 33476

Title: D (X) Delete
Name: JACKSON, SANDRA
Address: 5211 4TH ROAD N
City-St-Zip: WEST PALM BEACH, FL

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:

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: PATRICIA S. WALLACE

REV.

07/13/2008

Electronic Signature of Signing Officer or Director

Date