

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006925

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: ABUNDANT LIFE HARVEST INC.

## Current Principal Place of Business:

SPRING FIELD ROAD  
MONTICELLO, FL 32344

## New Principal Place of Business:

## Current Mailing Address:

1682 ST. AUGUSTINE ROAD  
MONTICELLO, FL 32344

## New Mailing Address:

FEI Number: 59-3481749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAGGETT, EARL W  
210 FLATWOOD ROAD  
MONTICELLO, FL 32344 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: SD ( ) Delete  
Name: COOKSEY, BERLENE  
Address: 4023 W. CAPPS HWY.  
City-St-Zip: MONTICELLO, FL 32344

Title: TD ( ) Delete  
Name: BUZBEE, EVELYN H  
Address: 1682 ST. AUGUSTINE ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: DP ( ) Delete  
Name: BAGGETT, EARL  
Address: 210 FLAT WOODS ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: DIR ( ) Change (X) Addition  
Name: HIGHTOWER, JACKIE R  
Address: P O BOX 401  
City-St-Zip: WACISSA, FL 32361

Title: DIR ( ) Change (X) Addition  
Name: BAGGETT, PEGGY  
Address: 210 FLAT WOODS ROAD  
City-St-Zip: MONTICELLO, FL 32344

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: EVELYN H BUZBEE

TD

04/16/2009

Electronic Signature of Signing Officer or Director

Date