

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000855

FILED
Jan 18, 2006
Secretary of State

Entity Name: FAITH SEED MINISTRIES CHURCH OF THE HARVEST, INC.

Current Principal Place of Business:

18627 S.W. 107 AVE
PERRINE, FL 33157

New Principal Place of Business:

Current Mailing Address:

17410 SW 108 AVE
PERRINE, FL 33157

New Mailing Address:

FEI Number: 65-0815334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JBA ACCOUNTING INC
9900 SW 168 ST #9
MIAMI, FL 33157 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: D () Delete
Name: EVANS, ADAM JR
Address: 17410 SW 108 AVE
City-St-Zip: PERRINE, FL 33157

Title: T () Delete
Name: WALKER, KIMBERLY L
Address: 17410 SW 108 AVE
City-St-Zip: PERRINE, FL 33157

Title: T () Delete
Name: WALKER, ANGELA M
Address: 17410 SW 108 AVE
City-St-Zip: PERRINE, FL 33157

Title: T (X) Delete
Name: GADSON, DORIS
Address: 17410 SW 108 AVE
City-St-Zip: PERRINE, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: EVANS, VALERIE C
Address: 17410 SW 108 AVE
City-St-Zip: PERRINE, FL 33157

Title: T (X) Change () Addition
Name: GADSON, DORIS
Address: 17410 SW 108 AVE
City-St-Zip: PERRINE, FL 33157

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 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: ADAM EVANS JR.

D

01/18/2006

Electronic Signature of Signing Officer or Director

Date