

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002881

FILED
Apr 14, 2009
Secretary of State

Entity Name: HARVEST WINDS MINISTRY INC.

Current Principal Place of Business:

18504 SE HWY 19
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1676
CROSS CITY, FL 32628

New Mailing Address:

83RD SE 65TH AVE
CROSS CITY, FL 32628

FEI Number: 59-3463386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BECHTOLD, CHARLES
83RD SE 65TH AVE
CROSS CITY, FL 32628 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: PD () Delete
Name: BECHTOLD, CHARLES
Address: 83RD SE 65TH AVE
City-St-Zip: CROSS CITY, FL 32628

Title: VP () Delete
Name: ROYAL, SAMMY D
Address: P.O. BOX 32
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: DBM () Delete
Name: BECHTOLD, JACKIE
Address: 83RD SE 65TH AVE
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: BECHTOLD, MICAH J
Address: 83RD SE 65TH AVE
City-St-Zip: CROSS CITY, FL 32628

Title: D () Delete
Name: DANIEL, HIRES
Address: 83RD SE 65TH AVE
City-St-Zip: CROSS CITY, FL 32628

Title: ST () Delete
Name: ROYAL, KIMBERLY
Address: P. O BOX 32
City-St-Zip: HORSESHOE BCH, FL 32648

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:

Title: D (X) Change () Addition
Name: AMANDA, HIRES
Address: 83RD SE 65TH AVE
City-St-Zip: CROSS CITY, FL 32628

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: JACKIE BECHTOLD

DBM

04/14/2009

Electronic Signature of Signing Officer or Director

Date