

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002881

FILED
Jun 06, 2011
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:

83RD SE 65TH AVE
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-3463386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY ROYAL

ST

06/06/2011

Electronic Signature of Signing Officer or Director

Date