2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 17, 2007
Secretary of State

DOCUMENT# N98000005184

Entity Name: HIGHER ANOINTING COMMUNITY HARVEST CENTER, INC.

Current Principal Place of Business:

520 BROAD WALK
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1646
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-3655616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

COURTNEY, REV. BRENDA
14220 N.W. 154TH TERRACE
ALACHUA, FL 32616 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: REV BRENDA COURTNEY
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	COURTNEY, BRENDA PASTOR	
Address:	14220 NW 154TH TERR	
City-St-Zip:	ALACHUA, FL 32616	
Title:	O	( ) Delete
Name:	DOUGLAS, OLIVIA	
Address:	512 NW 6TH STREET	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	O	( ) Delete
Name:	JENKINS, BUSHEAR	
Address:	PO BOX 666/13617 NW 141ST	
City-St-Zip:	ALACHUA, FL 32615	
Title:	D	( ) Delete
Name:	JENKINS, MELONIE	
Address:	PO BOX 666/13617 NW 141ST STREET	
City-St-Zip:	ALACHUA, FL 32615	
Title:	O	( ) Delete
Name:	COURTNEY, WILLIE JR	
Address:	14220 N.W. 154 TERRACE	
City-St-Zip:	ALACHUA, FL 32616	
Title:	D	( ) Delete
Name:	COURTNEY, WILLIE SR	
Address:	14220 N.W. 154 TERRACE	
City-St-Zip:	ALACHUA, FL 32616	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	O	(X) Change ( ) Addition
Name:	PHILLIPS, SEBRENAH	
Address:	PO BOX 445	
City-St-Zip:	GAINESVILLE, FL 32601	
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: REV BRENDA COURTNEY REV 12/17/2007
Electronic Signature of Signing Officer or Director — Date