2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006186

FILED Feb 08, 2005 Secretary of State

Entity Name: HARVEST CHRISTIAN FELLOWSHIP OF BRADFORD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 18933 US HWY 301 N. STARKE, FL 32091 **Current Mailing Address: New Mailing Address:** P O BOX 277 STARKE, FL 32091 FEI Number: 59-3545214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRISON, PRESTON K HARRISON, TERRIE L 3639 N.W. CR 233 3639 N.W. CR 233 STARKE, FL 32091 US US STARKE, FL 32091 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: TERRIE L. HARRISON 02/08/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HARRISON, PRESTON K HARRISON, TERRIE L Name: Name: 3639 NW CR 233 Address: 3639 NW CR 233 Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: STARKE, FL 32091 Title: () Delete Title: () Change () Addition MASON, GEORGE DAREN Name: Name: Address: 101 VALLEY RD Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: Title: () Delete Title: (X) Change () Addition HARRISON, TERRIE LYNN Name: MATTHEW, CARLTON E Name: 3639 NW CR 233 19772 NW 37TH AVE Address: Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: STARKE, FL 32091 () Change (X) Addition Title: () Delete Title: TD EAVES, LEN E Name: Name: 15345 NW 194TH ST Address: Address: City-St-Zip: City-St-Zip: LAKE BUTLER, FL 32254 Title: () Delete Title: () Change (X) Addition PORCHIAZZO, VINCENT Name: Name: 11042 US HWY 302 SOUTH Address: Address: City-St-Zip: City-St-Zip: HAMPTON, FL 32044

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERRIE L. HARRISON D 02/08/2005