

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006186

FILED  
Apr 10, 2006  
Secretary of State

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

**Current Principal Place of Business:**

18933 US HWY 301 N.  
STARKE, FL 32091 US

**New Principal Place of Business:**

18919 US HWY 301 N.  
STARKE, FL 32091 US

**Current Mailing Address:**

P O BOX 277  
STARKE, FL 32091

**New Mailing Address:**

18919 US HWY 301 N.  
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:**

HARRISON, TERRIE L  
3639 N.W. CR 233  
STARKE, FL 32091 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: HARRISON, TERRIE L  
Address: 3639 NW CR 233  
City-St-Zip: STARKE, FL 32091

Title: TD ( ) Delete  
Name: MASON, GEORGE DAREN  
Address: 101 VALLEY RD  
City-St-Zip: STARKE, FL 32091

Title: TD ( ) Delete  
Name: MATTHEW, CARLTON E  
Address: 19772 NW 37TH AVE  
City-St-Zip: STARKE, FL 32091

Title: TD ( ) Delete  
Name: EAVES, LEN E  
Address: 15345 NW 194TH ST  
City-St-Zip: LAKE BUTLER, FL 32254

Title: TD ( ) Delete  
Name: PORCHIAZZO, VINCENT  
Address: 11042 US HWY 302 SOUTH  
City-St-Zip: HAMPTON, FL 32044

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HARRISON, PRESTON K  
Address: 3639 NW CR 233  
City-St-Zip: STARKE, FL 32091

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:

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: LEN E. EAVES

TD

04/10/2006

Electronic Signature of Signing Officer or Director

Date