

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006186

FILED
May 24, 2007
Secretary of State

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

Current Principal Place of Business:

18919 US HWY 301 N.
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

18919 US HWY 301 N.
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-3545214 **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:

EAVES, LEN E
18919 US HWY 301 N
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: P/B () Delete
Name: MCLAUGHLIN, VAUGHN M
Address: 18919 US HWY 301 N
City-St-Zip: STARKE, FL 32091

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

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

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

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

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: () 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: LEN E. EAVES

DST

05/24/2007

Electronic Signature of Signing Officer or Director

Date