

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006257

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** SOULS HARVEST FELLOWSHIP, INCORPORATED

**Current Principal Place of Business:**

2361 7TH AVE SOUTH  
SAINT PETERSBURG, FL 33712 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12326  
ST. PETERSBURG, FL 337332326

**New Mailing Address:**

**FEI Number:** 59-3538454      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANDERSON, JONATHAN M  
1929 16TH STREET S.  
SAINT PETERSBURG, FL 33705 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 ( ) Delete  
Name: ANDERSON, JONATHAN M  
Address: 1929 16TH ST. S.  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD ( ) Delete  
Name: FAULKNER, GERSHOM  
Address: 3545 3RD AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SD ( ) Delete  
Name: LEMON, PAULINE L  
Address: 2660 1ST AVE. NORHT  
City-St-Zip: ST PETE, FL 33713

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

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, JONATHAN M  
Address: 1929 16TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD (X) Change ( ) Addition  
Name: FAULKNER, GERSHOM  
Address: 3545 3RD AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SD (X) Change ( ) Addition  
Name: LEMON, PAULINE I  
Address: 2660 1ST AVENUE NORTH  
City-St-Zip: ST PETE, FL 33713

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: PAULINE LEMON

SD

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date