2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N99000001403

Entity Name: ABUNDANT HARVEST MINISTRIES INTERNATIONAL NETWORK, INC.

Current Principal Place of Business:

3200 NE 25TH AVENUE
OCALA, FL 34479 US

New Principal Place of Business:

Current Mailing Address:

3200 NE 25TH AVENUE
OCALA, FL 34479 US

New Mailing Address:

FEI Number: 59-3579141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, CHRISTOPHER
4600 SW 100TH ST.
OCALA, FL 34476 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: BERRY, JAMES L
Address: 8434 NW 2ND STREET
City-St-Zip: OCALA, FL 34482

Title: VD ( ) Delete
Name: SANCHEZ, WANDA
Address: 3120 NE 43RD PLACE
City-St-Zip: OCALA, FL 34479

Title: STD ( ) Delete
Name: MORSE, DONNA M
Address: 8434 NW 2ND STREET
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BERRY, JAMES L
Address: 1421 SW 27TH AVE APT #1608
City-St-Zip: OCALA, FL 34471

Title: VD (X) Change ( ) Addition
Name: SANCHEZ, WANDA
Address: 1421 SW 27TH AVE
City-St-Zip: OCALA, FL 34471

Title: STD (X) Change ( ) Addition
Name: MORSE, DONNA M
Address: 9611 SW 30TH TER #1
City-St-Zip: OCALA, FL 34476

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: DONNA MORSE STD 03/01/2009

Electronic Signature of Signing Officer or Director — Date