

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90190 039 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                              |                                                                           |                                                                                   |  |
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| <b>DOCUMENT # N99000001633</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                              |                                                                           |  |  |
| <b>1. Entity Name</b><br>HARVESTER UNITED METHODIST CHURCH, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                              |                                                                           |                                                                                   |  |
| <b>Principal Place of Business</b><br>2432 COLLIER PARKWAY<br>LAND O' LAKES, FL 34639                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                              | <b>Mailing Address</b><br>2432 COLLIER PARKWAY<br>LAND O' LAKES, FL 34639 |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | <b>3. Mailing Address</b>                                                    |                                                                           |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | Suite, Apt. #, etc.                                                          |                                                                           |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          | City & State                                                                 |                                                                           |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                  | Zip                                                                          | Country                                                                   | <b>4. FEI Number</b><br>59-3510436                                                |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                              |                                                                           | <b>\$8.75 Additional Fee Required</b>                                             |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                              | <b>7. Name and Address of New Registered Agent</b>                        |                                                                                   |  |
| CONWELL, LEWIS J<br>C/O RUBINICH & WOLFE c/o DLA Piper USLLP<br>101 EAST KENNEDY BLVD., SUITE 2000<br>TAMPA, FL 33602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City        |                                                                                   |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                              | Zip Code                                                                  |                                                                                   |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                              |                                                                           |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                              |                                                                           |                                                                                   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          | <b>9. Election Campaign Financing</b> <input type="checkbox"/>               |                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |                                                                           |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CHRM<br>KAATZE, WILLIAM<br>19820 PRINCE BENJAMIN DRIVE<br>LUTZ, FL 33549 | <input checked="" type="checkbox"/> Delete                                   |                                                                           |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VCHR<br>REILLY, JOHN<br>3235 BANYAN HILL LANE<br>LAND O' LAKES, FL 34639 | <input type="checkbox"/> Delete                                              |                                                                           |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SECY<br>JOHNSON, DENNY<br>21520 BUTTONBUSH DRIVE<br>LUTZ, FL 33549       | <input type="checkbox"/> Delete                                              |                                                                           |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TRSR<br>SMITH, JENNIFER<br>26830 HAVERHILL DRIVE<br>LUTZ, FL 33559       | <input checked="" type="checkbox"/> Delete                                   |                                                                           |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CHRM<br>Martha Kronk<br>1255 KAYAK COVE<br>LUTZ, FL 33549                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                           |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TRSR<br>Gary Evans<br>4839 Willow Dr.<br>Land O' Lakes, FL 34639         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                           |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                           |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                           |                                                                                   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                                                          |                                                                              |                                                                           |                                                                                   |  |
| <b>SIGNATURE</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          | Denny Johnson                                                                |                                                                           | 4/17/07 (813) 431-7939                                                            |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | <small>Date</small>                                                          |                                                                           | <small>Daytime Phone #</small>                                                    |  |