2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 30, 2009
Secretary of State

DOCUMENT# N99000006486

Entity Name: EILERS INTERNATIONAL HARVEST MINISTRIES, INC.

Current Principal Place of Business:

6204 ASHBURY PALMS DR
TAMPA, FL 33647

New Principal Place of Business:

7206 WAREHAM DR.
TAMPA, FL 33647

Current Mailing Address:

7206 WAREHAM DR.
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3605397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EILERS, JAMES F
7206 WAREHAM DR.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

EILERS, JAMES F PRES.
7206 WAREHAM DR.
TAMPA, FL 33647 US

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: JAMES F EILERS 11/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EILERS, JAMES F
Address: 7206 WAREHAM DR.
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete
Name: EILERS, ROBIN
Address: 7206 WAREHAM DR.
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: EILERS, NICHOLAS
Address: 16305 NEWBURY PALMS
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: FRANCEN, KIM
Address: 10345 E. 113TH ST. S.
City-St-Zip: BIXBY, OK 74008

Title: D (X) Delete
Name: TED, TRANDAHL
Address: 134 CHESAPEAKE HARBOR BLVD
City-St-Zip: HENDERSONVILLE, TN 37075

Title: D (X) Delete
Name: MC ILLECE, MARY
Address: 9616 S. MUIRFIELD
City-St-Zip: LAKEWOOD, IL 60014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MC ILLECE, MARY
Address: 9616 S. MUIRFIELD
City-St-Zip: LAKEWOOD, IL 60014

Title: D (X) Change ( ) Addition
Name: TED, TRANDAHL
Address: 134 CHESAPEAKE HARBOR BLVD
City-St-Zip: HENDERSONVILLE, TN 37075

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: JAMES F EILERS PD 11/30/2009
Electronic Signature of Signing Officer or Director Date