

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004214

Entity Name: NEW HARVEST EDUCATIONAL CENTERS, INC.**Current Principal Place of Business:**370 HOLIDAY ISLES BLVD
CLEWISTON, FL 33440**Current Mailing Address:**P.O. BOX 700
CLEWISTON, FL 33440**FEI Number:** 20-3080664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PELHAM, CHARLES
305 EAST CRESCENT AVE
CLEWISTON, FL 33440 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:** CHARLES PELHAM

04/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	PELHAM, CHARLES
Address	305 EAST CRESCENT AVENUE
City-State-Zip:	CLEWISTON FL 33440

Title	S
Name	STRICKLAND, DAVID J
Address	919 N BERNER RD
City-State-Zip:	CLEWISTON FL 33440

Title	D
Name	JOHNSON, CLYDE
Address	3785 W WAYMAN ROAD
City-State-Zip:	MOORE HAVEN FL 33471

Title	D
Name	LEONARD, CARROLL
Address	107 RIDGEWOOD AVE
City-State-Zip:	CLEWISTON FL 33440

Title	D
Name	JEREMY, GREAVES SR.
Address	1009 BAYBERRY LOOP
City-State-Zip:	CLEWISTON FL 33440

I hereby 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 all other like empowered.

SIGNATURE: CHARLES PELHAM

PRESIDENT

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date