

2014 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

04/28/2014

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

P

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date