

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003666

**Entity Name:** NEW HARVEST CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

6205 WOODVILLE HIGHWAY  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

P.O. BOX 6607  
TALLAHASSEE, FL 32314 US

**FEI Number:** 59-3254877

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, RAY C  
6452 MARY LAKE CT.  
TALLAHASSEE, FL 32311 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	T
Name	BROWN, RAY C	Name	PURIFOY, DEWAYNE
Address	6452 MARY LAKE CT.	Address	157 LOBLOLLY LANE
City-State-Zip:	TALLAHASSEE FL 32311	City-State-Zip:	MIDWAY FL 32343

Title	STR
Name	BROWN, MOLLIE L
Address	6452 MARY LAKE CT.
City-State-Zip:	TALLAHASSEE FL 32311

*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:** MOLLIE L BROWN

STR

03/12/2014

Electronic Signature of Signing Officer/Director Detail

Date