

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005560

**Entity Name:** HARVEST ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**2120 AIRPORT ROAD  
LAKELAND, FL 33811**Current Mailing Address:**P O BOX 2069  
LAKELAND, FL 33806**FEI Number:** 59-2992592**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONLEY, KEITH R  
2840 WIREGRASS ROAD  
LAKELAND, FL 33810 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	P
Name	CONLEY, KEITH R PASTOR
Address	2840 WIREGRASS ROAD
City-State-Zip:	LAKELAND FL 33810

Title	SECRETARY
Name	BENTON, MARTYN
Address	5139 ALDERMAN ROAD
City-State-Zip:	LAKELAND FL 33810

Title	TREASURER
Name	BYRD, MELVIN
Address	3529 VALLEY FARM ROAD
City-State-Zip:	LAKELAND FL 33810

Title	DEACON
Name	STONE, JEFF
Address	625 KIRKSWOOD COURT
City-State-Zip:	LAKELAND FL 33813

Title	DEACON
Name	BROWN, KATHY
Address	3708 JEREMY LANE
City-State-Zip:	LAKELAND FL 33810

Title	DEACONESS
Name	ANDERSON, STEPHANIE
Address	P O BOX 2069
City-State-Zip:	LAKELAND FL 33806

Title	DEACON
Name	MCFARLAND, JEFF
Address	P O BOX 2069
City-State-Zip:	LAKELAND FL 33806

*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:** KEITH CONLEY**PRESIDENT****04/23/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date