

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008410
 1. Entity Name
 (ALEXANDER'S) GLEAMER OF THE HARVEST MINISTER INC.



Principal Place of Business: 7493 NE HWY #41, WILLISTON, FL 32696
 Mailing Address: 7493 NE HWY #41, WILLISTON, FL 32696

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04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 56-1948225
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALEXANDER, JOHNNIE W
 18650 NE 75TH ST
 WILLISTON, FL 32696

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting.) DATE

Filing Fee is \$61.25 Due by May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALEXANDER, JOHNNIE W
STREET ADDRESS	18650 N.E. 75TH STREET
CITY-ST-ZIP	WILLISTON, FL
TITLE	SD
NAME	ALEXANDER, PHYLLIS W
STREET ADDRESS	18650 N.E. 75TH STREET
CITY-ST-ZIP	WILLISTON, FL
TITLE	TD
NAME	ALEXANDER, PHILLIP W
STREET ADDRESS	18650 N.E. 75TH STREET
CITY-ST-ZIP	WILLISTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/14/05 (352) 528-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #