

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008394

FILED
Apr 27, 2004
Secretary of State

Entity Name: HARVEST INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1363 S. MADISON AVE
CLEARWATER, FL 33756

New Principal Place of Business:

1242 S HIGHLAND AVE
CLEARWATER, FL 33756

Current Mailing Address:

1244 S SAN REMO AVE
CLEARWATER, FL 33756

New Mailing Address:

1363 S MADISON AVE
CLEARWATER, FL 33756

FEI Number: 92-0180744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHOWERS, GREGORY K
133 N FORT HARRISON AVE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARAGON, MARIANO
Address: 1363 S. MADISON AVE
City-St-Zip: CLEARWATER, FL 33756

Title: VD () Delete
Name: HAHN, GLENN
Address: 1432 LAKEVIEW
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: HOUGHTON, HENRY
Address: P.O. BOX 15248
City-St-Zip: SANTA FE, NM 87506

Title: TS () Delete
Name: ARAGON, BERNADETTE
Address: 1363 S. MADISON AVE
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIANO ARAGON

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date