

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N37058</b> 1. Entity Name <b>LABORERS AND HARVESTORS MINISTRIES, INC.</b>	
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Principal Place of Business 1005 N. ROSE STREET P.O. BOX 775 LAKE HAMILTON FL 33851-0775	Mailing Address 1005 N. ROSE STREET P.O. BOX 775 LAKE HAMILTON FL 33851-0775
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1st MOORE      CR2E037 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-2914896</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>WILSON, EMORY</b> <b>1034 N ANDERSON AVENUE</b> <b>LAKELAND FL 33805</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
FL      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	WILSON, CLARISSA
STREET ADDRESS	1034 N ANDERSON AVE
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> Delete
NAME	JONES, ANTHONY J
STREET ADDRESS	2184 66TH AVE S
CITY-ST-ZIP	SAINT PETERSBURG FL 33712
TITLE	D <input type="checkbox"/> Delete
NAME	WILSON, EMORY
STREET ADDRESS	1034 N. ANDERSON AVE.
CITY-ST-ZIP	LAKELAND FL 33805
TITLE	D <input type="checkbox"/> Delete
NAME	JONES, LYNDA K
STREET ADDRESS	2184-66TH AVE S
CITY-ST-ZIP	SAINT PETERSBURG FL 33712
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000287410
STREET ADDRESS	04/04/05-80067-022 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Anthony J. Jones      3-17-05      727423-2787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #