


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N46673** (2)  
1. Corporation Name  
**HARVEST INSPIRATION MINISTRIES, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>2844 PONKAN ROAD<br/>APOPKA FL 32712<br/>US</b> | Mailing Address<br><b>2844 PONKAN ROAD<br/>APOPKA FL 32712-5635<br/>US</b> |
|---|--|

|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>12/30/1991</b>  | 3a. Date of Last Report<br><b>01/29/1996</b>           |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-3097830</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                      |  |  |  | 10. Name and Address of New Registered Agent |  |
| <b>WHITE, BRENDAN<br/>2011 HIDDEN DALE CT<br/>KISSIMMEE FL 34741</b> |  |  |  | 81   | Name   |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |  | 83   |  |
|  |  |  |  | 84   | City   |
|  |  |  |  | 85   | Zip Code   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>C</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>C</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>FRY, WILLIAM</b>                                 | 1.2 NAME  | <b>Donald Gray</b>   |
| STREET ADDRESS             | <b>103 B STREET</b>                                 | 1.3 STREET ADDRESS                                    | <b>3900 Citrus St.</b>   |
| CITY-ST-ZIP                | <b>HAINES CITY FL 33844</b>                         | 1.4 CITY-ST-ZIP                                       | <b>Kissimmee, FL</b>   |
| TITLE                      | <b>VC</b> <input type="checkbox"/> DELETE           | 2.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>WHITE, BRENDAN</b>                               | 2.2 NAME  | <b>Hector Perez</b>  |
| STREET ADDRESS             | <b>2011 HIDDEN DALE CT</b>                          | 2.3 STREET ADDRESS                                    | <b>1226 Adirondack</b>   |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                                 | 2.4 CITY-ST-ZIP                                       | <b>Apopka, FL 32712</b>  |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>GRAY, SHIRLEY</b>                                | 3.2 NAME  | <b>Robin Rogers</b>  |
| STREET ADDRESS             | <b>3900 CITRUS STREET</b>                           | 3.3 STREET ADDRESS                                    | <b>1324 E Orange St</b>  |
| CITY-ST-ZIP                | <b>KISSIMMEE FL</b>                                 | 3.4 CITY-ST-ZIP                                       | <b>Apopka FL 32703</b>   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>WILL, PATRICIA WRIGHT (Married)</b>              | 4.2 NAME  | <b>David Danielson</b>   |
| STREET ADDRESS             | <b>124 OAK DRIVE 154 Sue Dr.</b>                    | 4.3 STREET ADDRESS                                    | <b>17752 SE 237th Ct</b>   |
| CITY-ST-ZIP                | <b>ALTAMONTE SPRINGS FL</b>                         | 4.4 CITY-ST-ZIP                                       | <b>Umatilla, FL 32784</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <b>AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME                       | <b>DILLER, FANNIE</b>                               | 5.2 NAME  | <b>Leslie Diller</b>   |
| STREET ADDRESS             | <b>6250 PLYMOUTH-SORRENTO RD.</b>                   | 5.3 STREET ADDRESS                                    | <b>2656 Plymouth-Sorrento Rd.</b>  |
| CITY-ST-ZIP                | <b>APOPKA FL 32712</b>                              | 5.4 CITY-ST-ZIP                                       | <b>Apopka, FL 32712</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>RITTERHOFF, ROBERT</b>                           | 6.2 NAME  | <b>Harold Diller</b>   |
| STREET ADDRESS             | <b>1502 STONE TRAIL</b>                             | 6.3 STREET ADDRESS                                    | <b>2656 Plymouth-Sorrento Rd.</b>  |
| CITY-ST-ZIP                | <b>ENTERPRISE FL 32725</b>                          | 6.4 CITY-ST-ZIP                                       | <b>Apopka, FL 32712</b>  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Wright* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013043

CR2E037 (9/96)