


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46673					
1. Corporation Name HARVEST INSPIRATION MINISTRIES, INC.					
Principal Place of Business 2844 PONKAN ROAD APOPKA FL 32712 US			Mailing Address 2844 PONKAN ROAD APOPKA FL 32712 US		

FILED
99 MAY 18 AM 8:53

STATE OF FLORIDA
TALLAHASSEE



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/30/1991 4. FEI Number 59-3097830 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--	--	--	--

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

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 Brendan White DATE 2-22-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAY, DONALD 3900 CITRUS ST KISSIMMEE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C Jack Wright 154 Sue Dr. Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WHITE, BRENDAN 2011 HIDDEN DALE CT KISSIMMEE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Hector Perez 1226 Adirondack Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, SHIRLEY 3900 CITRUS STREET KISSIMMEE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Larry Peterson 22310 Orange Blossom Lane Eustis, FL 32736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESLIE DILLER 6256 PLYMOUTH SORRENTO RD APOPKA FL 32712	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Dorothy Williams 1212 N. Jacks Lake Rd. Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER RICHMOND 920 PELICAN BAY DR DAYTONA BCH FL 32119	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Charles Venturella 6932 Sylvan Woods Dr. Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK WRIGHT 154 SUE DR ALTAMONTE SPRGS FL 32714	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Harold Diller 6256 Plymouth-Sorrento Rd. Apopka, FL 32712

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brendan White DATE 2-22-99 DAYTIME PHONE # 407-846-3521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)