

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748813 (3)

1. Corporation Name

HARVEST TIME PENTECOSTAL ASSEMBLY INC.



Principal Place of Business

Mailing Address

2920 REYNOLDS RD
BARTOW FL 33830
US

P.O. BOX 1306
LAKE WALES FL 33859
US

3. Date Incorporated or Qualified
09/06/1979

3a. Date of Last Report
09/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

05-0108700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINE, DAVID E
6974 ALTURAS BABSON PK RD
ALTURAS FL 33820

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P D

☐ DELETE

NAME

WINE, DAVID E

STREET ADDRESS

6974 ALTURA BABSON PARK RD

CITY - ST - ZIP

ALTURAS FL

TITLE

D

☐ DELETE

NAME

AYCOCK, MICHAEL

STREET ADDRESS

ALTURAS RD 2163

CITY - ST - ZIP

ALTURAS FL 33820

TITLE

S D

☐ DELETE

NAME

AYCOCK, MELISSA

STREET ADDRESS

ALTURAS RD 2163

CITY - ST - ZIP

ALTURAS FL 33820

TITLE

D

☒ DELETE

NAME

AYCOCK, JOHNNY C

STREET ADDRESS

6150 DORIS RD

CITY - ST - ZIP

BARTOW FL

TITLE

D

☒ DELETE

NAME

AYCOCK, EVELYN J

STREET ADDRESS

6150 DORIS RD

CITY - ST - ZIP

BARTOW FL

TITLE

D

☒ DELETE

NAME

LAMB, WILLIAM L

STREET ADDRESS

LITHIA-PINECREST RD

CITY - ST - ZIP

PINECREST FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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Deborah Wine D
6974 Alturas Babson Park Rd
Alturas, FL

300001925578

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***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(2)(k), 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.

SIGNATURE:

David E Wine

DAVID E WINE

Date

7/24/96

Daytime Phone #

941.537.1833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0013039

CR2E037 (3/96)