# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2008**
**Secretary of State**

DOCUMENT# 748813

**Entity Name:** HARVEST TIME PENTECOSTAL ASSEMBLY INC.

**Current Principal Place of Business:**

2920 REYNOLDS RD
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1306
LAKE WALES, FL 33859 US

**New Mailing Address:**

**FEI Number: 05-0108700** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINE, DAVID E
6974 ALTURAS BABSON PK RD
ALTURAS, FL 33820 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: | PD | ( ) Delete |
| Name: | WINE, DAVID E | |
| Address: | 6974 ALTURA BABSON PARK RD | |
| City-St-Zip: | ALTURAS, FL | |
| Title: | D | ( ) Delete |
| Name: | MICHAEL AYCOCK, | |
| Address: | 2190 ALTURAS RD | |
| City-St-Zip: | BARTOW, FL | |
| Title: | SD | ( ) Delete |
| Name: | MELISSA AYCOCK, | |
| Address: | 2190 ALTURAS RD | |
| City-St-Zip: | BARTOW, FL | |
| Title: | D | ( ) Delete |
| Name: | WINE, DEBORAH | |
| Address: | 6974 ALTUNAS BABSON PARK RD. | |
| City-St-Zip: | ALTUNAS, FL | |

**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: | D | (X) Change ( ) Addition |
| Name: | WINE, DEBORAH | |
| Address: | 6974 ALTUNAS BABSON PARK RD. | |
| City-St-Zip: | ALTURAS, FL | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID E. WINE PD 04/15/2008

Electronic Signature of Signing Officer or Director — Date