Jan 19 04 03:05p
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Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90004 043 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767930

1. Entity Name
ROY HARTHERN MINISTRIES, INC.

Principal Place of Business
1626 MAJESTIC OAK DRIVE
APOPKA, FL 32712

Mailing Address
Roy Harthern
c/o 800 Gran Paseo Dr.
Orlando, FL 32825-7925

J4UUUJUJ

01172004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2972278
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTHERN, ROY
1626 MAJESTIC OAK DRIVE
APOPKA, FL 32712

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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: [signature] Pres. Roy Harthern 1/9/04
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARTHERN, ROY
STREET ADDRESS	1626 MAJESTIC OAK DRIVE
CITY-ST-ZIP	APOPKA, FL
TITLE	SD
NAME	HARTHERN, PAULINE
STREET ADDRESS	1626 MAJESTIC OAK DRIVE
CITY-ST-ZIP	APOPKA, FL
TITLE	D
NAME	GREIFFENDORF, C.W.
STREET ADDRESS	411 HACIENDA VILLAGE
CITY-ST-ZIP	WINTER SPRINGS, FL
TITLE	D
NAME	MANERS, DOUG
STREET ADDRESS	1054 ACEDEMY DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	D
NAME	KAHN, WILLIAM DR.
STREET ADDRESS	3878 N LAKE ORLANDO PKWY
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] 1/19/04 4078848218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #