

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002581

FILED
Apr 06, 2009
Secretary of State

Entity Name: HARVEST TIMES EVANGELIST MINISTRY INCORPORATION

Current Principal Place of Business:

527 WASHINGTON STREET
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 503
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 59-3741370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER T
505 WASHINGTON ST.
HASTINGS, FL 32145 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: TC () Delete
Name: COLEMAN, CHRISTOPHER
Address: 505 WASHINGTON STREET
City-St-Zip: HASTINGS, FL 32145

Title: VCD () Delete
Name: COLEMAN, ALICE
Address: P.O. BOX 117
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: COLEMAN, ANGELA
Address: P.O. BOX 117
City-St-Zip: HASTINGS, FL 32145

Title: TD () Delete
Name: COLEMAN, JANICE
Address: P.O. BOX 117
City-St-Zip: HASTINGS, FL 32145

Title: DS () Delete
Name: WILLIAMS, ANGELA
Address: 200 5TH WOODLAWN ST #G67
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: BEADFORD, MIMI
Address: 650 WEST POPE RD APT 273
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANICE COLEMAN

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date