

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002581

FILED
Mar 08, 2011
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
Name: COLEMAN, CHRISTOPHER
Address: 505 WASHINGTON STREET
City-St-Zip: HASTINGS, FL 32145

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JANICE COLEMAN

TD

03/08/2011

Electronic Signature of Signing Officer or Director

Date