


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90052 016 \*\*\*\*61.25

<b>DOCUMENT # N0000006806</b>					
1. Entity Name <b>GATHERING THE HARVEST MINISTRIES, INC.</b>					
Principal Place of Business <b>1058 WILDERLAND DR. JACKSONVILLE, FL 32225-3414</b>			Mailing Address <b>PO BOX 351474 JACKSONVILLE, FL 32235</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3674834</b>	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>ROBINSON, STEVE REV. 1058 WILDERLAND DR. JACKSONVILLE, FL 32225-3414</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROBINSON, STEVE REV.</b>	NAME			
STREET ADDRESS	<b>1058 WILDERLAND DR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322253414</b>	CITY-ST-ZIP			
TITLE	D (Incorrect spelling of last name) <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PERDUE, SIGRID</b>	NAME	<b>PERDUE, SIGRID</b>		
STREET ADDRESS	<b>1058 WILDERLAND DR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322253414</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GRIFFITH, JANICE</b>	NAME			
STREET ADDRESS	<b>1058 WILDERLAND DR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Steve Robinson</i>		Date: <b>1/19/05</b>		Daytime Phone #: <b>(904) 994-0255</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					