

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006818

1. Entity Name
REAPERS OF THE HARVEST MINISTRIES, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 15 AM 10:26

Principal Place of Business
2244 SW DUPONT ST
GREENVILLE, FL 32331

Mailing Address
2244 SW DUPONT ST
GREENVILLE, FL 32331

2. Principal Place of Business

3153 WAUKEENAH HWY
Suite, Apt. #, etc.

3. Mailing Address

3153 WAUKEENAH HWY
Suite, Apt. #, etc.



03122004 Chg-NP CR2E037 (10/03)

City & State

Monticello, FL

City & State

Monticello, FL

4. FEI Number
59-3681576

Applied For
Not Applicable

Zip 32344 Country Jefferson

Zip 32344 Country Jefferson

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

6. Name and Address of Current Registered Agent

SAMUEL BASS, HARRY SR
RT. 4, BOX 269-A
GREENVILLE, FL 32331

7. Name and Address of New Registered Agent

Name: Charles J. Culpepper
Street Address (P.O. Box Number is Not Acceptable):
3153 WAUKEENAH HWY
Monticello, FL
City: FL Zip Code: 32344

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: *Charles J. Culpepper*
Signature, typed or printed 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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: SAMUEL BASS, HARRY SR
STREET ADDRESS: RT. 4, BOX 269-A
CITY-ST-ZIP: GREENVILLE, FL 32331

TITLE: ☐ Delete
NAME: S BASS, BURDETTE C
STREET ADDRESS: RT. 4, BOX 269-A
CITY-ST-ZIP: GREENVILLE, FL 32331

TITLE: ☐ Delete
NAME: VP PETERSON, CHRIS
STREET ADDRESS: RT. 5, BOX 5299
CITY-ST-ZIP: MONTICELLO, FL 32344

TITLE: ☐ Delete
NAME: D GRIFFITHS, BOBBY
STREET ADDRESS: 1010 PAUL RUSSELL ROAD
CITY-ST-ZIP: TALLAHASSEE, FL 32301

TITLE: ☐ Delete
NAME: D BROWNING, JOHN
STREET ADDRESS: 1655 PEARSON HWY
CITY-ST-ZIP: HOMERVILLE, GA 31634

TITLE: ☐ Delete
NAME: CULPEPPER, CHARLES
STREET ADDRESS: 1010 PAUL RUSSELL ROAD
CITY-ST-ZIP: TALLAHASSEE, FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☒ Change ☐ Addition
NAME: D
STREET ADDRESS: 600030932126
CITY-ST-ZIP: 03/23/04--01069--005 ***61.25

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☒ Change ☐ Addition
NAME: P
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Charles J. Culpepper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04
Date

Daytime Phone #