

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006818

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



Principal Place of Business
3153 WAUKEENAH HWY
MONTICELLO, FL 32344

Mailing Address
3153 WAUKEENAH HWY
MONTICELLO, FL 32344

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3681576

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULPEPPER, CHARLES J
3153 WAUKEENAH HWY
MONTICELLO, FL 32344

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

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, 2008**

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

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

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

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

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

TITLE P ☐ 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 200118344862
STREET ADDRESS 02719708--01045--011 **70.00
CITY-ST-ZIP

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Culpepper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08
Date

Daytime Phone #

FILED

08 FEB -5 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

