


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008410		
1. Entity Name (ALEXANDER'S) GLEAMER OF THE HARVEST MINISTER INC.		
Principal Place of Business 7493 NE HWY #41 WILLISTON, FL 32696	Mailing Address 7493 NE HWY #41 WILLISTON, FL 32696	



04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1948225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALEXANDER, JOHNNIE W 18650 NE 75TH ST WILLISTON, FL 32696		DO NOT WRITE IN THIS SPACE
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, JOHNNIE W 18650 N.E. 75TH STREET WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALEXANDER, PHYLLIS W 18650 N.E. 75TH STREET WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, PHILLIP W 18650 N.E. 75TH STREET WILLISTON, FL
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04/16/05-80018-004 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Johnnie W Alexander* **4/14/05 (352) 528-0852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date