2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N01000000169

Entity Name: HARVESTTIME AT SHILOH MINISTRIES OF THE TREASURE COAST INC.

Current Principal Place of Business:

1555 14TH AVE., #218
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 690515
VERO BEACH, FL 32969

New Mailing Address:

FEI Number: 65-1056762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVEN, MCCROEY BISHOP
1555 14TH AVE., #218
VERO BEACH, FL 32960 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: PD ( ) Delete
Name: MCCROEY, STEVEN BISHOP
Address: 1555 14TH AVE., #218
City-St-Zip: VERO BEACH, FL 32960

Title: GSTD ( ) Delete
Name: MCLEAN, ICELYN
Address: 961 FULTON WAY
City-St-Zip: SEBASTAIN, FL 32958

Title: D ( ) Delete
Name: STACKLLEBECK, BOB
Address: 755 18TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: D ( ) Delete
Name: PRESTON, GREGORY
Address: 707 N. 7TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: THOMAS, LLOYD
Address: 961 FULTON WAY
City-St-Zip: SABESTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RAYMOND, MENDEZ
Address: 1555 14TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN MCCROEY D 04/30/2005
Electronic Signature of Signing Officer or Director — Date