2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 27, 2006
Secretary of State

DOCUMENT# N01000000169

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

Current Principal Place of Business:

961 FULTON WAY
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

961 FULTON WAY
SEBASTIAN, FL 32958

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
961 FULTON WAY
SEBASTIAN, FL 32958 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:	961 FULTON WAY	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	GSTD	( ) Delete
Name:	MCLEAN, ICELYN	
Address:	961 FULTON WAY	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	D	( ) Delete
Name:	STACKLLEBECK, BOB	
Address:	755 18TH ST.	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	HATCHER, ANTHONY BISHOP	
Address:	961 FULTON WAY	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	D	( ) Delete
Name:	ROSS, LESLIE	
Address:	961 FULTON WAY	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MISS	( ) Change (X) Addition
Name:	RUSSELL, EDNA D VP	
Address:	279 CHENAULT PLACE	
City-St-Zip:	ATLANTA, GA 30314	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EDNA RUSSELL DVP 10/27/2006

Electronic Signature of Signing Officer or Director — Date