

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005191

FILED
Mar 23, 2005
Secretary of State

Entity Name: HARVESTIME THEOLOGICAL SCHOOL INC.

Current Principal Place of Business:

8308 N GRADY AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P O BOX 262107
TAMPA, FL 33685

New Mailing Address:

FEI Number: 27-0020499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 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: DP () Delete
Name: DA SILVA, ANTONIO P
Address: 7712 W POCAHONTAS AVE
City-St-Zip: TAMPA, FL 33615

Title: DV () Delete
Name: ROMUALDO, ANTONIO D
Address: 5202 GINGER COVE DR #E
City-St-Zip: TAMPA, FL 33634

Title: DT () Delete
Name: ROMUALDO, MIDORI
Address: 5202 GINGER COVE DR #E
City-St-Zip: TAMPA, FL 33634

Title: DS () Delete
Name: SILVA, THEARSA D
Address: 7712 W POCAHONTAS AVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: ROMUALDO, ANTONIO D
Address: 5202 GINGER COVE DR #E
City-St-Zip: TAMPA, FL 33634

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

Title: DS (X) Change () Addition
Name: SILVA, THEARA D
Address: 7712 W POCAHONTAS AVE
City-St-Zip: TAMPA, FL 33615

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: ANTONIO P. DA SILVA

DP

03/23/2005

Electronic Signature of Signing Officer or Director

Date