

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007640

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: HARVESTIME APOSTOLIC ASSEMBLY, INC.

## Current Principal Place of Business:

9820 CITADEL LANE #103  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

6225 ARBOR BLVD  
NAPLES, FL 34119

## Current Mailing Address:

9820 CITADEL LANE #103  
BONITA SPRINGS, FL 34135

## New Mailing Address:

832 NEUSE AVE  
FORT MYERS, FL 33913

FEI Number: 42-1553512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDWARDS, DIAN M  
1842 40TH TERR SW  
NAPLES, FL 34116 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: JACKSON, HAROLD  
Address: 9820 CITADEL LANE #103  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete  
Name: JACKSON, LINDA  
Address: 9820 CITADEL LANE #103  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT ( ) Delete  
Name: FRYE, CORINNA  
Address: 2890 24TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: D ( ) Delete  
Name: FRYE, RANDY  
Address: 2890 24TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: D ( ) Delete  
Name: ROSEMAN, ALBERT  
Address: 81 WICKLIFF STREET  
City-St-Zip: NAPLES, FL 34110

## 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:

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: HAROLD A. JACKSON

DP

01/09/2004

Electronic Signature of Signing Officer or Director

Date