

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007640

FILED
Jan 14, 2005
Secretary of State

Entity Name: HARVESTIME APOSTOLIC ASSEMBLY, INC.

Current Principal Place of Business:

6225 ARBOR BLVD
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

832 NEUSE AVE
FORT MYERS, FL 33913

New Mailing Address:

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: DP (X) Change () Addition
Name: JACKSON, HAROLD
Address: 832 NEUSE AVE.
City-St-Zip: FORT MYERS, FL 33913

Title: DS (X) Change () Addition
Name: JACKSON, LINDA
Address: 832 NEUSE AVE.
City-St-Zip: FORT MYERS, FL 33913

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: LINDA JACKSON

DS

01/14/2005

Electronic Signature of Signing Officer or Director

Date