2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N02000007640

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:	832 NEUSE AVE.	
City-St-Zip:	FORT MYERS, FL 33913	
Title:	DS	( ) Delete
Name:	JACKSON, LINDA	
Address:	832 NEUSE AVE.	
City-St-Zip:	FORT MYERS, FL 33913	
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 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: LINDA JACKON DS 01/17/2008

Electronic Signature of Signing Officer or Director — Date