

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90001 032 ****70.00

DOCUMENT # N02000008037

1. Entity Name
RESTORATION REVIVAL HARVEST TIME MINISTRIES
INC.



Principal Place of Business
PO BOX 10606
WINTER HAVEN, FL 33885-0606

Mailing Address
PO BOX 10606
WINTER HAVEN, FL 33885-0606

54072919



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09022004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLIMAN, LINDA G
130 MADERA DRIVE
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name Linda G. Holliman
Street Address (P.O. Box Number is Not Acceptable)
810 LK Elbert Ct
Winter Haven, Fla
City FL Zip Code 33881-4361

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Linda Holliman - Pastor Linda Holliman 9-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | DA | <input type="checkbox"/> Delete |
| NAME | BROWN, LARRY P | |
| STREET ADDRESS | 16 N SIDE DRIVE | |
| CITY-ST-ZIP | LAKE WALES, FL | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | HOLLIMAN, LINDA | |
| STREET ADDRESS | 130 MADERA DRIVE | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SINGLETARY, CARNELLIA | |
| STREET ADDRESS | 512 NW AVE | |
| CITY-ST-ZIP | LAKE WALES, FL 33859 | |
| TITLE | DB | <input type="checkbox"/> Delete |
| NAME | HOLLIMAN, STEVE | |
| STREET ADDRESS | 130 MADERA DRIVE | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SWEET, CURTIS | |
| STREET ADDRESS | 116 NORTHSIDE DR | |
| CITY-ST-ZIP | LAKE WALES, FL 33859 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SWEET, NATHANIEL | |
| STREET ADDRESS | 120 WEEPING WILLOW RD | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <u>Katrina Maultsby</u> | |
| STREET ADDRESS | <u>810 LK Elbert Ct</u> | |
| CITY-ST-ZIP | <u>Winter Haven, Fla 33881</u> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pastor Linda Holliman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-04
Date Daytime Phone #