


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90051 038 \*\*\*\*70.00

DOCUMENT # N03000001147			
1. Entity Name NEW HARVEST URBAN MINISTRIES, INC.			
Principal Place of Business 3911-B NW 13TH ST GAINESVILLE FL 32609		Mailing Address 3911-B NW 13TH ST GAINESVILLE FL 32609	
2. Principal Place of Business 603 NW 7th AVENUE Suite, Apt. #, etc.		3. Mailing Address 603 NW 7th AVENUE Suite, Apt. #, etc.	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip 32601		Zip 32601	
Country		Country	
4. FEI Number 05-0546601		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, GRANT D 6284 SW 8TH PL GAINESVILLE FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 23006 N.W. 179th PLACE City HIGH SPRINGS FL Zip Code 32643	
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: <i>Grant Smith</i> DATE: 2-9-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SMITH, GRANT D STREET ADDRESS 6284 SW 8TH PL CITY-ST-ZIP GAINESVILLE FL 32607	<input type="checkbox"/> Delete	TITLE NAME PRESIDENT SMITH, GRANT D. STREET ADDRESS 23006 NW 179th PLACE CITY-ST-ZIP HIGH SPRINGS, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME BRANNAN, TERENCE J STREET ADDRESS 13106 NW 19TH PL CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME COPELAND, RICHARD STREET ADDRESS 1505 FT CLARKE BLVD #9-306 CITY-ST-ZIP GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME TREASURER LUCAS-SHOE, LINDA STREET ADDRESS 201 NE 50th TERRACE CITY-ST-ZIP GAINESVILLE, FL 32641	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME JOHNSON, KAREN STREET ADDRESS 730 SW 8TH ST CITY-ST-ZIP GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete	TITLE NAME SECRETARY CLAYTON, PAMELA S. STREET ADDRESS 3951 NE 212 COURT CITY-ST-ZIP WILLSTON, FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Grant Smith</i>		DATE: 2-9-04 352-37-8895	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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MOORE CR2E037 (11/03)