

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001147

FILED  
Jan 07, 2005  
Secretary of State

Entity Name: NEW HARVEST URBAN MINISTRIES, INC.

**Current Principal Place of Business:**

603 NW 7TH AVE.  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

603 NW 7TH AVE.  
GAINESVILLE, FL 32601

**Current Mailing Address:**

603 NW 7TH AVE.  
GAINESVILLE, FL 32607

**New Mailing Address:**

603 NW 7TH AVE.  
GAINESVILLE, FL 32601

FEI Number: 05-0546601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, GRANT D  
23006 NW 179TH PLACE  
HIGH SPRINGS, FL 32643 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: P ( ) Delete  
Name: SMITH, GRANT D  
Address: 23006 NW 170TH PLACE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: V ( ) Delete  
Name: BRANNAN, TERRENCE J  
Address: 13106 NW 19TH PL  
City-St-Zip: GAINESVILLE, FL 32606

Title: T ( ) Delete  
Name: LUCAS-SMOE, LINDA  
Address: 201 NE 50TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

Title: S ( ) Delete  
Name: CLAYTON, PAMELA S  
Address: 3951 NE 212 COURT  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SMITH, GRANT D  
Address: 23006 NW 179TH PLACE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: V (X) Change ( ) Addition  
Name: SMITH, MILDRED D  
Address: 23006 NW 179TH PLACE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T (X) Change ( ) Addition  
Name: LUCAS-SHOE, LINDA  
Address: 201 NE 50TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32641

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: GRANT D. SMITH

PRES

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date