


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90006 004 \*\*\*\*70.00

**DOCUMENT # N03000001147**

1. Entity Name  
**NEW HARVEST URBAN MINISTRIES, INC.**



Principal Place of Business  
 603 NW 7TH AVE.  
 GAINESVILLE, FL 32601

Mailing Address  
 603 NW 7TH AVE.  
 GAINESVILLE, FL 32601

2. Principal Place of Business  
 21003 NE 17th Ter  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. BOX 5332  
 Suite, Apt. #, etc.

City & State  
 Gainesville, FL

City & State  
 Gainesville, FL


Zip  
 32609

Country  
 USA

Zip  
 32601

Country  
 USA

40022457



02282006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

SMITH, GRANT D  
 23006 NW 179TH PLACE  
 HIGH SPRINGS, FL 32643

4. FEI Number  
 05-0546601

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GRANT D 23006 NW 179TH PLACE HIGH SPRINGS, FL 32643 <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	V SMITH, MILDRED D 23006 NW 179TH PLACE HIGH SPRINGS, FL 32643 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Change <input type="checkbox"/> Addition Louis sullivan 4878 NW 21st drive Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCAS-SHOE, LINDA 201 NE 50TH TERRACE GAINESVILLE, FL 32641 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Change <input type="checkbox"/> Addition T Catina S. martin 8203 NW 31st ave # J 166 Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAYTON, PAMELA S 3951 NE 212 COURT WILLISTON, FL 32696 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Change <input type="checkbox"/> Addition S Karen Johnson 730 SE 8th street Gainesville, FL 32601
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 exemptions contained 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 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: Catina Martin Date: 2/27/06 Daytime Phone #: 352-371-2865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR