

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90018 047 \*\*\*\*70.00

**DOCUMENT # N03000001579**

1. Entity Name

REAPERS OF THE HARVEST CHURCH, INC.



Principal Place of Business

P.O. BOX 722 HIGHWAY 90 WEST  
GREENVILLE FL 32331

Mailing Address

P.O. BOX 722 HIGHWAY 90 WEST  
GREENVILLE FL 32331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

11-3745976

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, H. GILBERT  
RT #1 BOX 707  
MADISON FL 32340

7. Name and Address of New Registered Agent

Name **James E Stover**

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

**192 S.W. SEVEN BRIDGES RD.**

City **GREENVILLE**

**FL**

Zip Code  
**32331**

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 **James E Stover**

Signature: typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when renewing)

**2-2-06**

DATE

**FILE NOW: 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

TITLE ☒ Delete  
NAME RICHARDSON, H. GILBERT  
STREET ADDRESS RT. 1 BOX 707  
CITY-ST-ZIP MADISON FL 32340

TITLE ☐ Delete  
NAME LEE, RONALD  
STREET ADDRESS RT. 3 BOX 7B  
CITY-ST-ZIP GREENVILLE FL 32331

TITLE ☐ Delete  
NAME MORGAN, ELLEN  
STREET ADDRESS 1029 S.W. WONDERWOOD STREET  
CITY-ST-ZIP GREENVILLE FL 32331

TITLE ☐ Delete  
NAME FLOWERS, KAREN S  
STREET ADDRESS 414 BONNETTE POND ROAD  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☒ Delete  
NAME STOVER, LANITA  
STREET ADDRESS 192 S.W. SEVEN BRIDGES ROAD  
CITY-ST-ZIP GREENVILLE FL 32331

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Samuel Flowers Jr.  
STREET ADDRESS 414 Bonnette Pond Road  
CITY-ST-ZIP Monticello FL 32344

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Jimmy STOVER  
STREET ADDRESS 192 S.W. SEVEN BRIDGES RD.  
CITY-ST-ZIP GREENVILLE FL 32331

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**James E Stover**

**2-2-06 850-948-4450**