

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002012

FILED
Apr 11, 2004
Secretary of State**Entity Name:** EVER INCREASING HARVEST MINISTRIES, INC.**Current Principal Place of Business:**906 S. ORANGE ST.
MADISON, FL 32340**New Principal Place of Business:****Current Mailing Address:**906 S. ORANGE ST.
MADISON, FL 32340**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STEVENS, COLLIE E SR.
906 S. ORANGE ST.
MADISON, FL 32340**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:** DPT () Delete
Name: STEVENS, MARCIA D
Address: 906 S. ORANGE ST.
City-St-Zip: MADISON, FL 32340**Title:** DCEO () Delete
Name: STEVENS, COLLIE E SR
Address: 906 S. ORANGE ST.
City-St-Zip: MADISON, FL 32340**Title:** DVS () Delete
Name: BROWN, YVONNE D
Address: 506 SW COLUMBIA ST.
City-St-Zip: MADISON, FL 32340**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DVS (X) Change () Addition
Name: HARDY, SHEVONDA A
Address: RTE 1 BOX 105
City-St-Zip: MADISON, FL 32340**Title:** TRES () Change (X) Addition
Name: ZIEGLER, BOBBY
Address: RTE 3 BOX 88
City-St-Zip: GREENVILLE, FL 32331**Title:** DIR () Change (X) Addition
Name: DUKE, DAVID
Address: 706 SW BUNKER ST
City-St-Zip: MADISON, FL 32340

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: MARCIA D. STEVENS

DPT

04/11/2004

Electronic Signature of Signing Officer or Director_____
Date