

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005620

FILED
Mar 06, 2005
Secretary of State

Entity Name: IT'S HARVEST TIME MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

14535 BRUCE B DOWNS BLVD #1034
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14535 BRUCE B DOWNS BLVD #1034
TAMPA, FL 33613

New Mailing Address:

FEI Number: 41-2101931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, SHARON
14535 BRUCE B DOWNS BLVD #1034
TAMPA, FL 33613 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: D () Delete
Name: THOMAS, SHARON
Address: 14535 BRUCE B DOWNS BLVD #1034
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: TAYLOR, BEVERLY
Address: 1803 W BALL ST
City-St-Zip: PLANT CITY, FL 33756

Title: D () Delete
Name: BROWN, VALERIE
Address: 14535 BRUCE B DOWNS BLVD #1034
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: HALL, RICHARD
Address: 5227 HARBOR SIDE DR
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHARON, KENNEDY
Address: 33 HUDSON AVENUE
City-St-Zip: ORLOVISTA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAVIS, MILLIE
Address: 8323 CANTERBURY LAKE BLVD
City-St-Zip: TAMPA, FL 33619

Title: D () Change (X) Addition
Name: MCCREE, BARBARA
Address: 1640 CRESTLAWN AVENUE
City-St-Zip: ORLANDO, FL 332811

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: SHARON THOMAS

D

03/06/2005

Electronic Signature of Signing Officer or Director

Date