

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005620

FILED
May 07, 2007
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:

3516 FORESTDALE DRIVE
ORLANDO, FL 32808 US

Current Mailing Address:

14535 BRUCE B DOWNS BLVD #1034
TAMPA, FL 33613

New Mailing Address:

P.O. BOX 4616
ORLANDO, FL 32802 US

FEI Number: 41-2101931 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

THOMAS, SHARON
3516 FORESTDALE DRIVE
ORLANDO, FL 32808 US

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:

05/07/2007

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: SHARON, KENNEDY
Address: 33 HUDSON AVENUE
City-St-Zip: ORLOVISTA, FL

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BROWN, VALERIE
Address: 3516 FORESTDALE DRIVE
City-St-Zip: ORLANDO, FL 32808 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

05/07/2007

Electronic Signature of Signing Officer or Director

Date