

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005620

FILED  
Aug 31, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3516 FORESTDALE DRIVE  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

1757 GRANDE POINTE BLVD  
15112  
ORLANDO, FL 32839 US

**Current Mailing Address:**

P.O. BOX 4616  
ORLANDO, FL 32802 US

**New Mailing Address:**

P.O. BOX 555027  
ORLANDO, FL 32855-502 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  
3516 FORESTDALE DRIVE  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

THOMAS, SHARON  
1757 GRANDE POINTE BLVD  
15112  
ORLANDO, FL 32839 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:

08/31/2008

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: 3516 FORESTDALE DRIVE  
City-St-Zip: ORLANDO, FL 32808 US

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: D (X) Change ( ) Addition  
Name: THOMAS, SHARON  
Address: 1757 GRANDE POINTE BLVD, #15112  
City-St-Zip: ORLANDO, FL 32839

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

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

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

08/31/2008

Electronic Signature of Signing Officer or Director

Date