

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90002 006 ****70.00

DOCUMENT # N04000000176 1. Entity Name THE CHURCH OF HEAVEN'S HARVEST, INC.					
Principal Place of Business 10204 N. 16TH ST. TAMPA, FL 33612				Mailing Address 10204 N. 16TH ST. TAMPA, FL 33612	
2. Principal Place of Business 1511 E Fowler Ave.		3. Mailing Address 1511 E Fowler Ave			
Suite, Apt. #, etc. Ste. J		Suite, Apt. #, etc. Ste. J			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33612		Country HILLS.		Zip 33612	
Country HILLS.		4. FEI Number 42-1618889			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent WILLIAMS, RAYMOND D 10204 N. 16TH ST. TAMPA, FL 33612			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 AUG 18, 04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, RAYMOND D <input type="checkbox"/> Delete 10204 N. 16TH ST. TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, CARRIE L <input type="checkbox"/> Delete 10204 N. 16TH ST. TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete HANSELL, KEYERA Q 9427 WINDERMERE LAKE DR., APT. 204 RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Antonio M. Vincenti <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 804 Heather Noel Ct. #204 Brandon, FL 33510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CROSS, LISA L 1402 CARTIER DR. TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CROSS, THOMAS E 1402 CARTIER DR. TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HENDERSON, KIMBERLY L 13202 N. 23RD ST., APT. 3 TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: AUG 18, 04 (813) 748-738 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					