

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000541

FILED
Jan 13, 2007
Secretary of State

Entity Name: HARVEST TIME MINISTRY AND WORSHIP CENTER INC.

Current Principal Place of Business:

1132 E. DONEGAN AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2420 PINYON CT
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 20-0513641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, MELVIN L PASTOR
1624 HOOKBILL CT
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

JENKINS, MELVIN L PASTOR
2831 EAGLE EYE CT
KISSIMMEE, FL 34746 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: JACK LINDSEY

01/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: JENKINS, MELVIN L PASTOR
Address: 1624 HOOKBILL CT
City-St-Zip: ORLANDO, FL 32837

Title: MRS. () Delete
Name: JENKINS, CHERLLYN M
Address: 1624 HOOKBILL CT
City-St-Zip: ORLANDO, FL 32837

Title: MR. () Delete
Name: ALLEN JR., RICKY
Address: 309 DOLPHINS ST
City-St-Zip: KISSIMMEE, FL 34744

Title: MRS. () Delete
Name: BROADIE, CAROL E
Address: N/A
City-St-Zip: ST. CLOUD, FL 34769

Title: MR. () Delete
Name: LINDSEY, JACK
Address: 2420 PINYON CT
City-St-Zip: KISSIMMEE, FL 34746

Title: MRS. () Delete
Name: ALLEN, PATRICIA
Address: 309 DOLPHINS ST.
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: JENKINS, MELVIN L PASTOR
Address: 2831 EAGLE EYE CT
City-St-Zip: KISSIMMEE, FL 34746

Title: MRS. (X) Change () Addition
Name: JENKINS, CHERLLYN M
Address: 2831 EAGLE EYE CT
City-St-Zip: KISSIMMEE, FL 34746

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

Title: MRS. (X) Change () Addition
Name: BROADIE, CAROL E
Address: 565 VIRGINIA AVE
City-St-Zip: ST. CLOUD, FL 34769

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 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: JACK LINDSEY

MR.

01/13/2007

Electronic Signature of Signing Officer or Director

Date