

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002416

FILED
Jan 07, 2005
Secretary of State

Entity Name: HARVEST FIRE CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

2429 STATE RD 60 E
LAKE WALES, FL 33853

New Principal Place of Business:

2429 STATE RD 60 E
LAKE WALES, FL 33898

Current Mailing Address:

601 S. SCENIC HWY
LAKE WALES, FL 33853

New Mailing Address:

2429 STATE ROAD 60 E
LAKE WALES, FL 33898

FEI Number: 52-2422228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSWELL, CHARLENE R
601 S. SCENIC HWY
LAKE WALES, FL 33853 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: PD () Delete
Name: ROSIER, JAMES III
Address: 601 S. SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: ROSIER, JAMES PASTOR
Address: 601 S. SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: ROSIER, RASHELL S MINISTE
Address: 601 S. SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: BOSWELL, CHARLENE R FIN-MGR
Address: 601 S. SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: SHEPPARD, KELVIN DEACON
Address: 305 E. 4TH STREET
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: WILLS-BARNHILL, VERONICA D MINISTE
Address: 390 CAROL BLVD. #35
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROSIER, III, JAMES PASTOR
Address: 601 S. SCENIC HWY
City-St-Zip: LAKE WALES, FL 33853

Title: D (X) Change () Addition
Name: MITCHELL, PAMERIA L SECRETA
Address: 10214 N. 28TH STREET
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change () Addition
Name: MOORE, VAUNITA M FINANCE
Address: P.O. BOX 1171
City-St-Zip: LAKE WALES, FL 33853

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 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: JAMES ROSIER III, D. DIV.

PD

01/07/2005

Electronic Signature of Signing Officer or Director

Date