

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 023 ****61.25

DOCUMENT # N04000008330

1. Entity Name
HOME OF THE HARVEST MINISTRIES INC.



Principal Place of Business
**11267 WYNDHAM HOLLOW LANE
JACKSONVILLE, FL 32246**

Mailing Address
**11267 WYNDHAM HOLLOW LANE
JACKSONVILLE, FL 32246**

50065578

2. Principal Place of Business

5655-6 Timuquana Ad
Suite, Apt. #, etc.

3. Mailing Address

5655-6 Timuquana
Suite, Apt. #, etc.

08302005 Chg-NP CR2E037 (10/03)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

03-0549528

Applied For

Not Applicable

Zip

32210

Country

Unval

Zip

32210

Country

Unval

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, ROBERT A
11267 WYNDHAM HOLLOW LANE
JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent

Name **Robert A. White**

Street Address (P.O. Box Number is Not Acceptable)

5655-6 Timuquana Ad

City **Jacksonville**

FL

Zip Code

32210

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 **Robert A. White**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-6-05

**Filing Fee's \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **P**
STREET ADDRESS **WHITE, ROBERT A**
CITY-ST-ZIP **11267 WYNDHAM HOLLOW LANE
JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VST**
STREET ADDRESS **WHITE, MARY E**
CITY-ST-ZIP **11267 WYNDHAM HOLLOW LANE
JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LATIMER, MYREON**
CITY-ST-ZIP **8833 OLD KINGS ROAD SUITE 315
JACKSONVILLE, FL 32257**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **James Naugabrook**
CITY-ST-ZIP **2405 Mailandia Rd
Jacksonville FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Robert A. White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-05 9045364379

Date

Daytime Phone #