

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90051 016 ****70.00

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01222005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000010715 1. Entity Name HARVEST TIME PENTECOSTAL CHURCH OF GOD, INC.					
Principal Place of Business 4000 9TH STREET WEST LEHIGH ACRES, FL 33971			Mailing Address 4000 9TH STREET WEST LEHIGH ACRES, FL 33971		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1763050	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, DONOVAN 4000 9TH STREET WEST LEHIGH ACRES, FL 33971			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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-STATE-ZIP	P SMITH, DONOVAN 4000 9TH STREET WEST LEHIGH ACRES, FL 33971		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S PLUMMER, MARISSA 4000 9TH STREET WEST LEHIGH ACRES, FL 33971		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/ "T" PLUMMER, MARISSA 2224 1/2 FOUNTAIN LAKE BLVD APT 140 ESTRO, FL 33928	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T SMITH, HAZEL 4000 9TH STREET WEST LEHIGH ACRES, FL 33971		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FS SANTOS, NANETTE 4000 9TH STREET WEST LEHIGH ACRES, FL 33971		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FS / "T" SANTOS, NANETTE 1735 BRANTLEY RD APT 2505 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/22/05 (239) 825-1437 <small>Date Daytime Phone #</small>		