

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90017 012 ****70.00

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1. Entity Name
**HARVEST INTERNATIONAL MINISTRIES OF CENTRAL
FLORIDA, INC.**



Principal Place of Business
**6423 CHIPPENDALE RD
LAKELAND, FL 33809**

Mailing Address
**6423 CHIPPENDALE RD
LAKELAND, FL 33809**

50024289



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number

26-0106169

Applied For

Not Applicable

Zip

Country

Zip

Country

U.S.A.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POLLICE, PATSY P SR.
6423 CHIPPENDALE RD
LAKELAND, FL 33809**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

TITLE **P** ☐ Delete
NAME **POLLICE, PATSY P SR.**
STREET ADDRESS **6423 CHIPPENDALE RD**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **VP** ☐ Delete
NAME **STEPHEN, BROWN A**
STREET ADDRESS **3901 LAUREL BRANCH CT.**
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **SEC** ☐ Delete
NAME **BURKS, CHARLES**
STREET ADDRESS **7263 STANFORD DR**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **D** ☐ Delete
NAME **BERRY, WILLIAM**
STREET ADDRESS **9930 MOORE RD.**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **D** ☐ Delete
NAME **FITZGERALD, DAVID**
STREET ADDRESS **362 AUDUBUN OAKS DR. APT 104**
CITY-ST-ZIP **LAKELAND, FL 33809**

TITLE **D** ☐ Delete
NAME **KEOGHAN, ROBIN**
STREET ADDRESS **213 VILLAGE CREST COURT**
CITY-ST-ZIP **LAKELAND, FL 33809**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 exemptions contained 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 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:

Patsy P. Pollice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-2-06 863-082-9328