## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # N0500001798  1. Entity Name HARVEST OF PURPOSE END-TIMES MINISTRIES INC.								04-1	11-200	6 9010	4 045 '	****61.2	25
Principal Place of Business 4751 NORTHWEST 24TH COURT LAUDERDALE LAKES, FL 33313  Mailing Address 4751 NORTHWEST 24TH C LAUDERDALE LAKES, FL 3							( 18 <b>1</b> 0/11 <b>1</b> 4	1 <b>4 4</b> 121 <b>4</b> 1	<b></b>			<b>1118</b> 1811 181	##! <b>#</b> }   <b>  18</b>
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04042006	Cho	g-NP	С	R2E037	(11/05)	
City & State			City & State			4. FEI Numb		374	<u> </u>	89		plied For	
Zip	Zip Country		Zip		Country		5. Certificate				¬ ່\$:	8.75 Add	itional
	6. Name	and Address of Current R	egistered Agent				7. Name and	d Addr	ess of No	w Regis	tered Ag	ent	
					Name								
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR					Street Ac	ddress (F	P.O. Box Numb	er is N	ot Accep	table)			
MIAMI, FL													
•		·		City						FL Zip Code			
		ty submits this statement for tered agent.	the purpose of changing	its register	red office or	register	ed agent, or bo	oth, in t	he State	of Florida	. I am fa	miliar with,	and accept
<b>*</b> **		, 21											
SIGNATURE .													
**	Signature, type-	d or printed name of registered agent a	nd title if applicable. (A	NOTE: Register	ed Agent signati	re required	when reinstating)				DATE		
			<u> </u>			re required	_	<u>, T</u>		Make		pavable t	•
	Filling Fo	d or printed name of registered agent a see is \$61.25 May 1, 2006	9. Election (		Financing	re required	\$5.00 May Added to Fee:	Be s			check	payable t	
	Filling Fo	oe is \$61.25 May 1, 2006	9. Election ( Trust Fun	Campaign	Financing ation.	<u> </u>	\$5.00 May Added to Fee:	HANGE	S TO OF	FICERS :	check   Departm	nent of S	tate
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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:

LALE AND CONTROL TO THE PROPERTY OF SIGNING OFFICER OR DIRECTOR

4-10-06

954-3753 Daygrae Phone #