

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008376

FILED
Apr 08, 2009
Secretary of State

Entity Name: HARVEST TIME WORSHIP CENTER CORP

Current Principal Place of Business:

6422 TOWN N COUNTRY BLVD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6422 TOWN N COUNTRY BLVD
TAMPA, FL 33615

New Mailing Address:

FEI Number: 75-3192469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMDIAL, BUDHANLALL
10037 OASIS PALM DR,
TAMPA, FL 33615 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: P () Delete
Name: BUDHANLALL, RAMDIAL
Address: 10037 OASIS PALM DR
City-St-Zip: TAMPA, FL 336152

Title: VP () Delete
Name: GOUMTIE, RAMDIAL
Address: 10037 OASIS PALM DR
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: GOSE, KATHLEEN G TREASUR
Address: 2711 OLD VILLAGE WAY
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: GOUMTIE RAMDIAL

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date