

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005165

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** HARVEST SEASON MINISTRIES INC.

**Current Principal Place of Business:**

16205 NE 269TH LANE  
LAWTEY, FL 32058

**New Principal Place of Business:**

**Current Mailing Address:**

16205 NE 269TH LANE  
LAWTEY, FL 32058

**New Mailing Address:**

**FEI Number:** 27-0272805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILKINSON, ANITA  
16051 NE 269TH LANE  
LAWTEY, FL 32058 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  
**Name:** WILKINSON, DARRELL  
**Address:** 16205 NE 269TH LANE  
**City-St-Zip:** LAWTEY, FL 32058

**Title:** S  
**Name:** WILKINSON, ANITA  
**Address:** 16205 NE 269TH LANE  
**City-St-Zip:** LAWTEY, FL 32058

**Title:** T  
**Name:** WILKINSON, CRYSTAL  
**Address:** 16205 NE 269TH LANE  
**City-St-Zip:** LAWTEY, FL 32058

I hereby 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 all other like empowered.

**SIGNATURE:** ANITA WILKINSON

S

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date