


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N31940</b> 1. Entity Name <b>HARVEST TIME DELIVERANCE AND FELLOWSHIP CENTER, INC.</b>	
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Principal Place of Business <b>2901 W. OAKLAND PARK BLVD SUITE B-16 OAKLAND PARK, FL 33311 US</b>	Mailing Address <b>POST OFFICE BOX 5143 FORT LAUDERDALE, FL 33310-5143 US</b>
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04122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0128980</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SMITH, PRISCILLA A.  
5031 N.W. 15 ST.  
LAUDERHILL, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, KENNETH (EVANG) 5031 N.W. 15 ST. LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, PRISCILLA (EVANG) 5031 N.W. 15 ST. LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CUNNINGHAM, NATASHA 2770 SOMERSET DR., #R-311 LAUDERDALE LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINNIS, YASMINE 2901 N.W. 44 AVE. LAUDERDALE LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000336065  
04/27/05-80110-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: KLH CSH 4-14-05 954-735-0121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #