2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N31940

1. Entity Name
HARVEST TIME DELIVERANCE AND FELLOWSHIP CENTER, INC.

Principal Place of Business	Mailing Address
2901 W. OAKLAND PARK BLVD SUITE B-16 OAKLAND PARK, FL 33311 US	POST OFFICE BOX 5143 FORT LAUDERDALE, FL 33310-5143 US

04252006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0128980
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, KENNETH (EVANG)
STREET ADDRESS	5031 N.W. 15 ST.
CITY-ST-ZIP	LAUDERHILL, FL
TITLE	DV
NAME	SMITH, PRISCILLA (EVANG)
STREET ADDRESS	5031 N.W. 15 ST.
CITY-ST-ZIP	LAUDERHILL, FL
TITLE	DS
NAME	CUNNINGHAM, NATASHA
STREET ADDRESS	2770 SOMERSET DR., #R-311
CITY-ST-ZIP	LAUDERDALE LAKES, FL
TITLE	D
NAME	MCINNIS, YASMINE
STREET ADDRESS	2801 N.W. 44 AVE.
CITY-ST-ZIP	LAUDERDALE LAKES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80048-017 61.25

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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: Priscilla Smith Priscilla Smith 4-25-06 954-735-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #