

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N37058

1. Entity Name

LABORERS AND HARVESTORS MINISTRIES, INC.



Principal Place of Business Mailing Address
1005 N. ROSE STREET 1005 N. ROSE STREET
P.O. BOX 775 P.O. BOX 775
LAKE HAMILTON FL 33851-0775 LAKE HAMILTON FL 33851-0775

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2914896 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, EMORY
1034 N ANDERSON AVENUE
LAKELAND FL 33805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Delete
NAME WILSON, CLARISSA
STREET ADDRESS 1034 N ANDERSON AVE
CITY-ST-ZIP LAKELAND FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME JONES, ANTHONY J
STREET ADDRESS 2184 66TH AVE S
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE Change Addition
NAME 000000287410
STREET ADDRESS 04/04/05-80067-022 61.25
CITY-ST-ZIP

TITLE D Delete
NAME WILSON, EMORY
STREET ADDRESS 1034 N. ANDERSON AVE.
CITY-ST-ZIP LAKELAND FL 33805

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME JONES, LYNDA K
STREET ADDRESS 2184-66TH AVE S
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony J. Jones

3-17-05 727423-2787