


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90236 001 *****8.75
 04-27-2007 90236 002 *****61.25

DOCUMENT # N38146	
1. Entity Name HARVEST TIME FELLOWSHIP, INC.	

Principal Place of Business 10406 SW 24TH STREET MIRAMAR, FL 33025 US	Mailing Address P. O. BOX 1882 OPA LOCKA, FL 33055 US
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 65-0197359	Applied For Not Applicable
-------------------------	-------------------------	------------------------------------	--------------------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
------------	----------------	------------	----------------	---

6. Name and Address of Current Registered Agent

JENKINS, ZELMA
 10406 SW 24TH STREET
 MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	STOCKDALE, JOYCE
STREET ADDRESS	10406 SW 24TH STREET
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	VD <input type="checkbox"/> Delete
NAME	JENKINS, ZELMA
STREET ADDRESS	10406 SW 24TH STREET
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	T <input type="checkbox"/> Delete
NAME	WILSON, GERALDINE M
STREET ADDRESS	16320 N.W. 23RD COURT
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	RANGE, M. ATHALIE
STREET ADDRESS	5727 N.W. 17TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	TURNER, EVELYN
STREET ADDRESS	1161 NW 48TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Joyce Stockdale **4-25-07** **954-431-4296**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #