

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38146

FILED
Apr 29, 2009
Secretary of State

Entity Name: HARVEST TIME FELLOWSHIP, INC.

Current Principal Place of Business:

10406 SW 24TH STREET
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1882
OPA LOCKA, FL 33055 US

New Mailing Address:

FEI Number: 65-0197359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, ZELMA
10406 SW 24TH STREET
MIRAMAR, FL 33025 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: PD () Delete
Name: STOCKDALE, JOYCE
Address: 10406 SW 24TH STREET
City-St-Zip: MIRAMAR, FL 33025

Title: VD () Delete
Name: JENKINS, ZELMA
Address: 10406 SW 24TH STREET
City-St-Zip: MIRAMAR, FL 33025

Title: T () Delete
Name: WILSON, GERALDINE M
Address: 16320 N.W. 23RD COURT
City-St-Zip: OPA-LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE L. STOCKDALE

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date