

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90007 010 ****61.25

DOCUMENT # N42230

1. Corporation Name

HARVEST TIME MINISTRIES, INCORPORATED

Principal Place of Business

7012 N. 40TH ST.
TAMPA FL 33604

Mailing Address

7012 N. 40TH ST.
TAMPA FL 33604



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/25/1991

4. FEI Number

59-3059440

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NEAL, ARTHUR M
7307 FILBERT LN
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BOYD, DAVID A
STREET ADDRESS 5708 ORIENT ROAD
CITY-ST-ZIP TAMPA FL

TITLE VPD ☐ DELETE

NAME BOYD, HARRIET B
STREET ADDRESS 5708 ORIENT ROAD
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE

NAME GREEN, CURTIS
STREET ADDRESS 11383 BROOK GREEN DRIVE
CITY-ST-ZIP TAMPA FL

TITLE AT ☐ DELETE

NAME SIMS, RAMONA
STREET ADDRESS 5314 WHITEWAY DR
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE S ☐ DELETE

NAME NEAL, ARTHUR
STREET ADDRESS 7307 FILBERT LN
CITY-ST-ZIP TAMPA FL

TITLE AS ☐ DELETE

NAME MOORE, EVELYN
STREET ADDRESS 3822-C RIVERHILLS DR
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME BOYD, DAVID A.
1.3 STREET ADDRESS 24410 Crosscut Rd
1.4 CITY-ST-ZIP Lutz, FL 33549

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME BOYD, Harriet B.
2.3 STREET ADDRESS 24410 Crosscut Rd.
2.4 CITY-ST-ZIP Lutz, FL 33549

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Boyd **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/99

(813) 234 5664

CR2E037 (1/98)