


2004 NON-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90014 037 ****61.25

DOCUMENT # N42230
 1. Entity Name
HARVEST TIME MINISTRIES, INCORPORATED



Principal Place of Business Mailing Address
HARVEST TIME MINISTRIES **HARVEST TIME MINISTRIES**
9340 N FLORIDA AVE, STE 1 **9340 N FLORIDA AVE, STE 1**
TAMPA FL 33604 **TAMPA FL 33604**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-3059440** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NEAL, ARTHUR M
4202 E 97TH AVE
TAMPA FL 33617

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYD, DAVID A	
STREET ADDRESS	24410 CROSSCUT RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOYD, HARRIET B	
STREET ADDRESS	24410 CROSSCUT RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREEN, CURTIS	
STREET ADDRESS	5809 LANGSTON DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SIMS, RAMONA	
STREET ADDRESS	5314 WHITEWAY DR	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEAL, ARTHUR	
STREET ADDRESS	4202 E 97TH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MOORE, EVELYN	
STREET ADDRESS	3822-C RIVERHILLS DR	
CITY-ST-ZIP	TAMPA FL	

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	
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 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 empowerments.

SIGNATURE: *[Signature]* **7/25/04** (813) 932-8585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #