


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N42230 1. Entity Name HARVEST TIME MINISTRIES, INCORPORATED	
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Principal Place of Business HARVEST TIME MINISTRIES 9340 N FLORIDA AVE, STE 1 TAMPA, FL 33604	Mailing Address HARVEST TIME MINISTRIES 9340 N FLORIDA AVE, STE 1 TAMPA, FL 33604
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07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3059440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEAL, ARTHUR M
4202 E 97TH AVE
TAMPA, FL 33617**

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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

Filing Fee is \$81.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	08/02/2006 05:00:06 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOYD, DAVID A 24410 CROSSCUT RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BOYD, HARRIET B 24410 CROSSCUT RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GREEN, CURTIS 31533 LOCH A LINE DR ZEPHYRHILLS, FL 33544
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT SIMS, RAMONA 5314 WHITEWAY DR TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEAL, ARTHUR 4202 E 97TH AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MOORE, EVELYN 3822-C RIVERHILLS DR TAMPA, FL

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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: Arthur Neal, ARTHUR NEAL 7-5-06 (813) 444-6902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #