2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42230

FILED Mar 04, 2010 Secretary of State

Entity Name: HARVEST TIME MINISTRIES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

HARVEST TIME MINISTRIES 9340 N FLORIDA AVE, STE I TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

HARVEST TIME MINISTRIES 9340 N FLORIDA AVE, STE I TAMPA, FL 33604

FEI Number: 59-3059440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

 Name:
 BOYD, DAVID A

 Address:
 24410 CROSSCUT RD

 City-St-Zip:
 LUTZ, FL 33549

Title: VPD

 Name:
 BOYD, HARRIET B

 Address:
 24410 CROSSCUT RD

 City-St-Zip:
 LUTZ, FL 33549

Title: TD

 Name:
 GREEN, CURTIS

 Address:
 31533 LOCH A LINE DR

 City-St-Zip:
 ZEPHYRHILLS, FL 33544

Title: AT

Name: BURROWE-SIMS, RAMONA Address: 5314 WHITEWAY DR City-St-Zip: TEMPLE TERRACE, FL

Title:

Name: NEAL, ARTHUR Address: 4202 E 97TH AVE City-St-Zip: TAMPA, FL

Title: AS

Name: MOORE, EVELYN
Address: 3822-C RIVERHILLS DR

City-St-Zip: TAMPA, FL

I hereby 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 all other like empowered.

SIGNATURE: DAVID A. BOYD PD 03/04/2010