

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42230

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** HARVEST TIME MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

HARVEST TIME MINISTRIES  
15115 N 19TH ST  
LUTZ, FL 33549

**Current Mailing Address:**

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

**New Mailing Address:**

P O BOX 17151  
TAMPA, FL 33682

**FEI Number:** 59-3059440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

SIMS-BURROWES, RAMONA  
5314 E WHITEWAY  
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: RAMONA SIMS-BURROWES

05/01/2011

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

Title: S  
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

05/01/2011

Electronic Signature of Signing Officer or Director

Date