

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # N46673 (2)

1. Corporation Name

HARVEST INSPIRATION MINISTRIES, INC.



Principal Place of Business

Mailing Address

2844 PONKAN ROAD
APOPKA FL 32712
US

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APOPKA FL 32712
US

3. Date Incorporated or Qualified 12/30/1991	3a. Date of Last Report 02/23/1995
4. FEI Number 59-3097830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, BRENDAN
2011 HIDDEN DALE CT
KISSIMMEE FL 34741

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1507, 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 (required)

(Not required if registered agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED AGENTS (MAX 5)

TITLE	<input type="checkbox"/> DELETE
NAME	GRAY, DONALD
STREET ADDRESS	3900 CITRUS ST.
CITY-ST-ZIP	KISSIMMEE FL Director
TITLE	<input type="checkbox"/> DELETE
NAME	WHITE, BRENDAN
STREET ADDRESS	2011 HIDDEN DALE CT
CITY-ST-ZIP	KISSIMMEE FL VC
TITLE	<input type="checkbox"/> DELETE
NAME	GRAY, SHIRLEY
STREET ADDRESS	3900 CITRUS STREET
CITY-ST-ZIP	KISSIMMEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	HILL, PATRICIA
STREET ADDRESS	124 OAK DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL T
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DILLER, HAROLD
STREET ADDRESS	4778 SADLER ROAD
CITY-ST-ZIP	APOPKA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MILAM, JERRY
STREET ADDRESS	2520 MEADOWVIEW CIR
CITY-ST-ZIP	WINDERMERE FL

11 TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	William Fry	
13 STREET ADDRESS	103 B Street	
14 CITY-ST-ZIP	Haines City, FL 33844	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS	200001767132	
24 CITY-ST-ZIP	-04/02/96--01119--030	
31 TITLE	**\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Johnston, Blanca	
43 STREET ADDRESS	193 Hill St.	
44 CITY-ST-ZIP	Casselberry, FL 32707	
51 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Fannie Diller	
53 STREET ADDRESS	6250 Plymouth-Sorrento Rd.	
54 CITY-ST-ZIP	Apopka, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
61 TITLE	D	
62 NAME	Ritterhoff, Robert	
63 STREET ADDRESS	1502 Stone Trail	
64 CITY-ST-ZIP	Enterprise, FL 32725	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(3)(b), Florida Statutes. I further certify that the information reported on this 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 193, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any certificate filed with an address.

SIGNATURE: *Patricia A Hill* PATRICIA A. Hill ATD 1/22/96 407-862-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fannie Diller Fannie Diller T 2/9/96
DATE DATE DATE DATE