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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46673 (2)  
1. Corporation Name  
HARVEST INSPIRATION MINISTRIES, INC.



Principal Place of Business: 2844 PONKAN ROAD, APOPKA FL 32712 US  
Mailing Address: 2844 PONKAN ROAD, APOPKA FL 32712-5635 US

3. Date Incorporated or Qualified: 12/30/1991  
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
22. Suite, Apt #, etc.  
23. City & State  
24. Zip Country

4. FEI Number: 59-3097830  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
WHITE, BRENDAN  
2011 HIDDEN DALE CT  
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	FRY, WILLIAM	
STREET ADDRESS	103 B STREET	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	WHITE, BRENDAN	
STREET ADDRESS	2011 HIDDEN DALE CT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRAY, SHIRLEY	
STREET ADDRESS	3900 CITRUS STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, PATRICIA WRIGHT (Married)	
STREET ADDRESS	124 OAK DRIVE 154 Sue Dr.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DILLER, FANNIE	
STREET ADDRESS	6250 PLYMOUTH-SORRENTO RD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RITTERHOFF, ROBERT	
STREET ADDRESS	1502 STONE TRAIL	
CITY-ST-ZIP	ENTERPRISE FL 32725	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald Gray	
1.3 STREET ADDRESS	3900 Citrus St.	
1.4 CITY-ST-ZIP	Kissimmee, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hector Perez	
2.3 STREET ADDRESS	1226 Adirondack	
2.4 CITY-ST-ZIP	Apopka, FL 32712	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robin Rogers	
3.3 STREET ADDRESS	1324 E Orange St	
3.4 CITY-ST-ZIP	Apopka FL 32703	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David Danielson	
4.3 STREET ADDRESS	17752 SE 237th Ct	
4.4 CITY-ST-ZIP	Umatilla, FL 32784	
5.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leslie Diller	
5.3 STREET ADDRESS	2656 Plymouth-Sorrento Rd.	
5.4 CITY-ST-ZIP	Apopka, FL 32712	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Harold Diller	
6.3 STREET ADDRESS	2656 Plymouth-Sorrento Rd.	
6.4 CITY-ST-ZIP	Apopka, FL 32712	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Wright* T  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3/30/97  
Daytime Phone # 0013043

CR2E037 (9/96)