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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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, US

3. Date Incorporated or Qualified: 12/30/1991
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: *Sandra B. Mortham* BRENDAN J WHITE DATE: 2-10-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	
NAME	GRAY, DONALD	1.2 NAME	
STREET ADDRESS	3900 CITRUS ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	1.4 CITY - ST - ZIP	
TITLE	VC	2.1 TITLE	
NAME	WHITE, BRENDAN	2.2 NAME	
STREET ADDRESS	2011 HIDDEN DALE CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	GRAY, SHIRLEY	3.2 NAME	
STREET ADDRESS	3900 CITRUS STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	LESLIE DILLER (T)
NAME	WRIGHT, PATRICIA	4.2 NAME	6256 Plymouth-Sorrento Rd,
STREET ADDRESS	154 SUE DRIVE	4.3 STREET ADDRESS	Apopka, FL 32712
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	Walter Richmond (D)
NAME	PEREZ, HECTOR	5.2 NAME	920 Pelican Bay Dr.,
STREET ADDRESS	1226 ADIRONDACK	5.3 STREET ADDRESS	Daytona Beach
CITY - ST - ZIP	APOPKA FL	5.4 CITY - ST - ZIP	FL 32119
TITLE	D	6.1 TITLE	Jack Wright (D)
NAME	ROGERS, ROBIN	6.2 NAME	154 Sue Dr.,
STREET ADDRESS	1324 E ORANGE ST	6.3 STREET ADDRESS	Altamonte Springs
CITY - ST - ZIP	APOPKA FL	6.4 CITY - ST - ZIP	FL 32714

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* DATE: 2-10-98 407-884-2595

CR2E037 (10/97)