

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90049 026 \*\*\*\*61.25

**DOCUMENT # N46673**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3097830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, HECTOR  
1226 ADIRONDACK CT.  
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete  
NAME PERZ, HECTOR  
STREET ADDRESS 1226 ADIRONDACK CT.  
CITY-ST-ZIP APOPKA FL 32712

TITLE VC ☐ Delete  
NAME SWEARINGEN, MARC  
STREET ADDRESS 3000 CLAREONA RD. #2515  
CITY-ST-ZIP APOPKA FL 32703

TITLE T ☒ Delete  
NAME STOLIN, BILL  
STREET ADDRESS 2734 LANCASTER CT.  
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☒ Delete  
NAME PETERSON, LARRY  
STREET ADDRESS 22310 ORANGE BLOSSOM LANE  
CITY-ST-ZIP EUSTIS FL 32736

TITLE D ☐ Delete  
NAME HELM, DON  
STREET ADDRESS 2920 PONKAN ROAD  
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ Delete  
NAME HENDERSON, RALPH  
STREET ADDRESS ~~4603 OLA BEACH DR.~~ 7336 Raymond St.  
CITY-ST-ZIP ~~PAISLEY FL 32767~~ Tangerine, FL 32777

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer ☒ Change ☒ Addition  
NAME Maritza Perez  
STREET ADDRESS 1226 Adirondack Ct  
CITY-ST-ZIP Apopka, FL 32712

TITLE Director ☐ Change ☒ Addition  
NAME Jerry Milam  
STREET ADDRESS 4422 Roundlake Rd  
CITY-ST-ZIP Apopka, FL 32712

TITLE Director ☐ Change ☒ Addition  
NAME Harold Diller  
STREET ADDRESS 6256 Plymouth Sorrento Rd.  
CITY-ST-ZIP Apopka, FL 32712

TITLE Director ☐ Change ☒ Addition  
NAME Ron Tudela  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition  
NAME Joni Henderson  
STREET ADDRESS 7336 Raymond St.  
CITY-ST-ZIP Tangerine, FL 32777

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #