

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46673

FILED
Feb 10, 2008
Secretary of State

Entity Name: HARVEST INSPIRATION MINISTRIES, INC.

Current Principal Place of Business:

2844 PONKAN ROAD
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

2844 PONKAN ROAD
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 59-3097830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, HECTOR
1226 ADIRONDACK CT.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PEREZ, HECTOR
Address: 1226 ADIRONDACK CT.
City-St-Zip: APOPKA, FL 32712

Title: VC () Delete
Name: HENDERSON, RALPH
Address: 2156 ROBERT D RD
City-St-Zip: MT DORA, FL 32757

Title: T () Delete
Name: PEREZ, MARITZA
Address: 1226 ADIRONDACK CT
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: HENDERSON, JONI
Address: 2156 ROBERT D RD
City-St-Zip: MT DORA, FL 32757

Title: D () Delete
Name: RON, TUDELA
Address: 20034 BLACK PANTHER
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: RIVERO, EDUARDO
Address: 924 LAKE DESTINY RD., APT F
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TUDELA, RON
Address: 20034 BLACK PANTHER
City-St-Zip: ALTOONA, FL 32702

Title: D (X) Change () Addition
Name: RIVERA, EDUARDO
Address: 435 BRIAR BAY CIR
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARITZA PEREZ

T

02/10/2008

Electronic Signature of Signing Officer or Director

Date