

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46673

FILED  
Mar 15, 2009  
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: TUDELA, RON  
Address: 20034 BLACK PANTHER  
City-St-Zip: ALTOONA, FL 32702

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

**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: S (X) Change ( ) Addition  
Name: CHEEVER, ROBERT  
Address: 2242 SECTION DR  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition  
Name: WELLS, IRVIN  
Address: 590 GATLIN AVE  
City-St-Zip: ORLANDO, FL 32806

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

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

03/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date