

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90045 042 \*\*\*\*61.25

<b>DOCUMENT # N47577</b> 1. Entity Name <b>HARVEST COMMUNITY CHURCH, INC.</b>					
Principal Place of Business <b>10951 E TERRY STREET BONITA SPRINGS, FL 34135</b>			Mailing Address <b>10951 E TERRY STREET BONITA SPRINGS, FL 34135</b>		
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 <b>65-0315844</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CROWTHER, STEVEN S 10951 E TERRY STREET BONITA SPRINGS, FL 34135</b>				Name <b>Luis Pages</b> Street Address (P.O. Box Number is Not Acceptable) <b>11380 Dean St</b> City <b>Bonita Springs FL</b> Zip Code <b>34135</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PAGES, LUIS</b> <b>11380 DEAN ST.</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>PAGES, LUIS</b> <b>11380 DEAN ST.</b> <b>BONITA SPRINGS, FL 34135</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PAGES, CANOY</b> <b>11380 DEAN ST.</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3D</b> <b>Candy Pages</b> <b>11380 Dean St</b> <b>Bonita Spr FL 34135</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CROWTHER, THERESA</b> <b>27221 OYIVER DRIVE</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CROWTHER, STEVENS</b> <b>10951 E TERRY ST.</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/10/04</b> Daytime Phone # <b>239 992 7834</b>		