

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000980 (1)

1. Corporation Name

HARVESTIME EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

38141 MC DONALD ST.
DADE CITY FL 33525

38141 MC DONALD ST.
DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/28/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Apostolic Lighthouse

26 700 Beach Dr. NE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 403 Frederick Ave.

27 Apt # 406

City & State

City & State

23 Dundee FL

28 St. Petersburg FL

Zip

Country

Zip

Country

24 33838

25 Polk

29 33701

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, LAMAR
38541 DENNIS LANE
DADE CITY FL 33525

Address change

81 Name

WELLS, LAMAR (current)

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

4895 Bay St Apt # 312

83

84 City

St Petersburg

FL

85 Zip Code

33702

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 Lamar A Wells

Lamar A Wells

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CD WELLS, LAMAR

38541 DENNIS LANE

ZEPHYRHILLS FL 33540

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD WELLS, EVA

38541 DENNIS LANE

ZEPHYRHILLS FL 33540

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD ANDREWS, R. STEPHEN

11111 JIM JORDAN RD

DADE CITY FL 33525

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

WELLS, LAMAR A

4895 Bay St Apt # 312

St Petersburg FL 33702

Change Addition

SD Watson, Eddie

3340 Hwy 27 N.

Lake Wales, FL 33853

Change Addition

TD Watson, Barbara

3340 Hwy 27 N.

Lake Wales FL 33853

Change Addition

300002310473

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Change Addition

Change Addition

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14. I do 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 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 L. SIGNATURE REQUIRED

Lamar A Wells

FILED

97 SEP 30 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)