

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000980

FILED
Jul 25, 2005
Secretary of State

Entity Name: HARVESTIME EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

APOSTOLIC LIGHTHOUSE
403 FREDERICK AVE.
DUNDEE, FL 33838

New Principal Place of Business:

Current Mailing Address:

700 BEACH DR. N.E.
APT. #406
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-2315630 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WELLS, LAMAR
700 BEACH DR N.E.
APT 406
SAINT PETERSBURG, FL 33701 US

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: CD () Delete
Name: WELLS, LAMAR A
Address: 700 BEACH DR., N.E. #406
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T () Delete
Name: WATSON, EDDIE
Address: 1004 JOAN ST.
City-St-Zip: DUNDEE, FL 33838

Title: TD () Delete
Name: GUY, SCOTT R
Address: 1032 AZELEA DR
City-St-Zip: MUNSTER, IN 46321

Title: SD () Delete
Name: GUY WELLS, BETTE L
Address: 700 BEACH DR. NE #406
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T () Delete
Name: GUY, MICHAEL K
Address: 315 W 35TH ST
City-St-Zip: GRIFFITH, IN 46319

Title: T () Delete
Name: GUY, TONY R
Address: 8435 SUN SPRITE CT
City-St-Zip: ORLANDO, FL 32818

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: T (X) Change () Addition
Name: GUY, MICHAEL K
Address: 23200 FOREST NORTH DRIVE APT 2806
City-St-Zip: KINGWOOD, TX 77339

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAMAR A. WELLS

CD

07/25/2005

Electronic Signature of Signing Officer or Director

Date