2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# N95000000980

Entity Name: HARVESTIME EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

734 62ND AVE. NORTH
SAINT PETERSBURG, FL 33702

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 ( )**

Name and Address of Current Registered Agent:

WELLS, LAMAR
700 BEACH DR N.E.
APT 406
SAINT PETERSBURG, FL 33701 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:	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:	23200 FOREST NORTH DRIVE APT 2806	
City-St-Zip:	KINGWOOD, TX 77339	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: LAMAR A WELLS CD 02/28/2007

Electronic Signature of Signing Officer or Director — Date