


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004Q17		
1. Entity Name HARVEST FIELDS CHRISTIAN CENTER, INC.		

Principal Place of Business 1401 LAKE DRIVE CANTONMENT, FL 32505 US	Mailing Address P.O. BOX 463 GONZALEZ, FL 32560 US
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 62-1647680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ISBELL, DELIA 1401 LAKE DR. CANTONMENT, FL 32533	

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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 <i>Delia Isbell</i>	<i>Delia Isbell</i>	DATE <i>4/27/05</i>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, FRANK 33763 LOST RIVER RD. SEMINOLE, AL 32574
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMILTON, DEBBIE 1714 W LAKEVIEW PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WINGATE, PATRICIA 1110 VANKIRK AV PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARISTI, ROBERT 33759 LOST RIVER RD SEMINOLE, AL 32574
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ISBELL, RANDALL 1401 LAKE DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WINPIGLER, MELISSA 416 VERA ST PENSACOLA, FL 32514

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U00000343228
04/29/05-80088-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.	
SIGNATURE: <i>Randy Isbell</i>	4-27-05 850 572 1647
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>