

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005311

1. Entity Name

THE GREAT HARVEST JAIL, PRISON AND STREET
MINISTRIES, INC.



Principal Place of Business

13025 27 DRIVE
WELLBORN FL 32094
US

Mailing Address

13025 27 DRIVE
WELLBORN FL 32094
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3404570

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPEIGEL & ULTERA, P.A.
1840 CORAL WAY
4TH FLOOR
MIAMI FL 33145

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SOBCZAK, JOHN A
STREET ADDRESS 13025 27 DRIVE
CITY - ST - ZIP WELLBORN FL 32094

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000403926
02/06/06 80027-003 61.25

TITLE VSD
NAME SOBCZAK, BERNICE A
STREET ADDRESS 13025 27 DRIVE
CITY - ST - ZIP WELLBORN FL 32094

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE TD
NAME KRANZ, MARILYN
STREET ADDRESS 13025 27 DRIVE
CITY - ST - ZIP WELLBORN FL 32094

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: John A. Sobczak

1-24-06 386 962-3480