

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004246

FILED
Apr 13, 2003
Secretary of State

Entity Name: HARVEST TIME INTERNATIONAL CHURCH, INC.

Current Principal Place of Business:

4332 JUANITA WAY SOUTH
SAINT PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

4332 JUANITA WAY SOUTH
SAINT PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 59-3460951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, ESI M.
4332 JUANITA WAY SOUTH
SAINT PETERSBURG, FL 33705

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: PCD () Delete
Name: MCLEOD, ESI M
Address: 4332 JUANITA WAY S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: SD () Delete
Name: FLORENCE, BONNIE
Address: 524 MADISON STREET S
City-St-Zip: ST PETERSBURG, FL 33711

Title: TD () Delete
Name: BROTHERS, WILLIE M
Address: 1320 13 AVE S
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: MATHIS, ESI M
Address: 4332 JUANITA WAY S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: STD (X) Change () Addition
Name: FLORENCE, BONNIE
Address: 524 MADISON STREET S
City-St-Zip: ST PETERSBURG, FL 33711

Title: D (X) Change () Addition
Name: BROTHERS, WILLIE M
Address: 1320 13 AVE S
City-St-Zip: SAINT PETERSBURG, FL 33705

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: REV. ESI MARIA MATHIS

PCD

04/13/2003

Electronic Signature of Signing Officer or Director

Date