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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004590 (2)**
1. Corporation Name

HARVESTIME MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**5370 PEMBRIDGE PLACE
TALLAHASSEE FL 32308**

**P.O. BOX 13003
TALLAHASSEE FL 32317-3003**



3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

59-3463302

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, JANICE
705 BARBERRY PL
BRANDON FL 33510**

81 Name

Janice A. Perez

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

5370 Pembridge Place

83

84 City

Tallahassee

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Janice A. Perez, Sec.** *Janice A. Perez, Sec.*

3/20/98

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

(NOTE: Registered Agent signature required when terminating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **P/T/D** **Barry K. Perez** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **V/T/D** ☐ Change ☒ Addition
2.2 NAME **James Paul**
2.3 STREET ADDRESS **1 Eagle Drive**
2.4 CITY-ST-ZIP **Royersford, PA 19468**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **T/S/D** ☐ Change ☒ Addition
3.2 NAME **Janice A. Perez**
3.3 STREET ADDRESS **5370 Pembridge Pl**
3.4 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Dan Dennisen**
5.3 STREET ADDRESS **1054 Town Hall Dr.**
5.4 CITY-ST-ZIP **River Falls, WI 54022**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Claudia Denissen**
6.3 STREET ADDRESS **1054 Town Hall Dr.**
6.4 CITY-ST-ZIP **River Falls, WI 54022**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Janice A. Perez, Sec.** *Janice A. Perez, Sec.* **3/20/98** (850)894-9730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008730

CR2E037 (10/97)