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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000004590**

1. Corporation Name

**HARVESTIME MINISTRIES INTERNATIONAL, INC.**

Principal Place of Business

5370 PEMBRIDGE PLACE  
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 13003  
TALLAHASSEE FL 32317-3003



2. Principal Place of Business

21 4310 Church Pond Pl.

Suite, Apt. #, etc.

22

City & State

23 Dover FL

Zip

24 33527

Country

25 USA

2a. Mailing Address

26 P.O. Box 2217

Suite, Apt. #, etc.

27

City & State

28 Valrico FL

Zip

29 33595

Country

30 USA

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

59-3463302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

PEREZ, JANICE A  
5370 PEMBRIDGE PLACE  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name Janice A. Perez  
82 Street Address (P.O. Box Number is Not Acceptable)  
4310 Church Pond Pl.  
83  
84 City Dover FL 85 Zip Code 33527

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.

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

Janice A. Perez, Sec.

(NOTE: Registered Agent signature required when reinstating)

3/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME PEREZ, BARRY K  
STREET ADDRESS 5370 PEMBRIDGE PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VTD ☐ DELETE  
NAME PAUL, JAMES  
STREET ADDRESS 1 EAGLE DR  
CITY-ST-ZIP ROYERFORD PA 19468

TITLE TSD ☐ DELETE  
NAME PEREZ, JANICE A  
STREET ADDRESS 5370 PEMBRIDGE PL  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE  
NAME DENNISSEN, DAN  
STREET ADDRESS 1054 TOWN HALL DR  
CITY-ST-ZIP RIVER FALLS WI 54022

TITLE D ☐ DELETE  
NAME DENNISSEN, CLAUDIA  
STREET ADDRESS 1054 TOWN HALL DR  
CITY-ST-ZIP RIVER FALLS WI 54022

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition  
1.2 NAME Perez, BARRY K  
1.3 STREET ADDRESS 4310 Church Pond Place  
1.4 CITY-ST-ZIP Dover, FL 33527

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TSD ☒ Change ☐ Addition  
3.2 NAME Perez, JANICE A  
3.3 STREET ADDRESS 4310 Church Pond Place  
3.4 CITY-ST-ZIP Dover, FL 33527

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Janice A. Perez Sec. 3/8/99 (813) 707-8189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)