

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004590

FILED
Mar 30, 2006
Secretary of State

Entity Name: HARVESTIME MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

298 TWO POINT TRAIL LANE
THOMASVILLE, GA 31757

New Principal Place of Business:

Current Mailing Address:

298 TWO POINT TRAIL LANE
THOMASVILLE, GA 31757

New Mailing Address:

FEI Number: 59-3463302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHIOTTO, JEFF
1531 SATSOMA ST.
CLEARWATER, FL 33756 US

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: PTD () Delete
Name: PEREZ, BARRY K PRES
Address: 298 TWO POINT TRAIL LANE
City-St-Zip: THOMASVILLE, GA 31757

Title: VTD () Delete
Name: VARNEDOE, HEETH
Address: 1308 LOVERS LANE
City-St-Zip: THOMASVILLE, GA 31792

Title: TSD () Delete
Name: PEREZ, JANICE A SEC
Address: 298 TWO POINT TRAIL LANE
City-St-Zip: THOMASVILLE, GA 31757

Title: D () Delete
Name: VARNEDOE, JACQUELINE
Address: 1308 LOVERS LANE
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: MALONE, RAND
Address: 271 FEATHERGRASS LANE
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: MALONE, ELIZABETH
Address: 271 FEATHERGRASS LANE
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JANICE A PEREZ

TSD

03/30/2006

Electronic Signature of Signing Officer or Director

Date