## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004590

FILED Mar 05, 2009 Secretary of State

Entity Name: HARVESTIME MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 102 FAWN CIRCLE THOMASVILLE, GA 31792 **Current Mailing Address: New Mailing Address:** 102 FAWN CIRCLE THOMASVILLE, GA 31792 FEI Number: 59-3463302 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GHIOTTO, JEFF 1531 SATSOMA ST. CLEARWATER, FL 33756 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Change () Addition () Delete PEREZ, BARRY K PRES Name: Name: 102 FAWN CIRCLE Address: Address: City-St-Zip: THOMASVILLE, GA 31792 City-St-Zip: Title: VTD ( ) Delete Title: VTD (X) Change ( ) Addition VARNEDOE, HEETH Name: FRANK, HARVEY Name: Address: 1308 LOVERS LANE Address: **767 LEE RD** City-St-Zip: THOMASVILLE, GA 31792 City-St-Zip: **CLYDE, NC 28721** Title: TSD () Delete Title: TSD (X) Change ( ) Addition PEREZ, JANICE A SEC PEREZ, JANICE A SEC Name: Name: 298 TWO POINT TRAIL LANE Address: Address: 102 FAWN CR City-St-Zip: THOMASVILLE, GA 31757 City-St-Zip: THOMASVILLE, GA 31792 D ( ) Delete VARNEDOE, JACQUELINE Title: Title: D (X) Change ( ) Addition Name: Name: SHIRLEY, HARVEY 1308 LOVERS LANE Address: Address: **767 LEE RD** City-St-Zip: THOMASVILLE, GA 31792 City-St-Zip: CLYDE, NC 28721 Title: (X) Delete Title: () Change () Addition MALONE, RAND Name: Name: 271 FEATHERGRASS LANE Address: Address: City-St-Zip: THOMASVILLE, GA 31792 City-St-Zip: Title: (X) Delete Title: () Change () Addition MALONE, ELIZABETH Name: Name: Address: 271 FEATHERGRASS LANE Address: THOMASVILLE, GA 31792 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 SEC 03/05/2009