

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000643

FILED  
Jun 08, 2005  
Secretary of State

Entity Name: HARVEST CHRISTIAN ACADEMY, INC.

## Current Principal Place of Business:

3810 NORTH 40TH STREET  
TAMPA, FL 33610

## New Principal Place of Business:

3800 N. NEBRASKA AVE  
TAMPA, FL 33603

## Current Mailing Address:

3810 N. 40TH STREET  
TAMPA, FL 33610

## New Mailing Address:

3800 N. NEBRASKA AVE  
TAMPA, FL 33603

FEI Number: 59-3587665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WOODY, JAMAAL  
1718 E. 7TH AVE  
201  
TAMPA, FL 33605 US

## Name and Address of New Registered Agent:

BOWLES, RITA  
3800 N. NEBRASKA AVE.  
TAMPA, FL 33603      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: RITA R. BOWLES

06/08/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEWIS, MICHAEL  
Address: 3800 N. NEBRASKA AVE.  
City-St-Zip: TAMPA, FL 33606

Title: SD ( ) Delete  
Name: CARTER, PAT  
Address: 3800 N NEBRASKA AVENUE  
City-St-Zip: TAMPA, FL 33603

Title: TD ( ) Delete  
Name: MONTGOMERY, KIMBERLY  
Address: 810 STRATFORD AVENUE  
City-St-Zip: TAMPA, FL 33603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEWIS, SHERRY  
Address: 3800 N. NEBRASKA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: SD (X) Change ( ) Addition  
Name: BOWLES, RITA  
Address: 3800 N NEBRASKA AVENUE  
City-St-Zip: TAMPA, FL 33603

Title: TD (X) Change ( ) Addition  
Name: PATTERSON, RONALD  
Address: 3800 N. NEBRASKA AVE.  
City-St-Zip: TAMPA, FL 33603

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: RITA R. BOWLES

SD

06/08/2005

Electronic Signature of Signing Officer or Director

Date