2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# N99000000624

Entity Name: HARVEST FAMILY LIFE CENTER, INC.

Current Principal Place of Business:

7148 WATERSIDE DRIVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

810 STRATFORD AVENUE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 04-3718538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, SEAN R
810 E STRATFORD AVENUE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

WOODY, JAMAAL L
1718 E. 7TH AVE
201
TAMPA, FL 33605 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: JAMAAL WOODY 01/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEWIS, MICHEAL W SR.
Address: 810 E. STRATFORD AVE
City-St-Zip: TAMPA, FL 33603

Title: SD ( ) Delete
Name: JACKSON, JANNA
Address: 7148 WATERSIDE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: RAD ( ) Delete
Name: WHITE, SEAN
Address: 810 E STRATFORD AVENUE
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: WHITE, SEAN
Address: 810 E STRATFORD AVENUE
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: MICHEAL LEWIS PD 01/30/2004
Electronic Signature of Signing Officer or Director Date