2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90047 019 ****75.00

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1. Entity Name
CHARITY FELLOWSHIP INTERNATIONAL HARVEST TIME MINISTRIES INC.

J4U00000

Principal Place of Business	Mailing Address
43 WEST PARK AVENUE LAKE WALES, FL 33859	P.O. BOX 3385 LAKE WALES, FL 33859-3385

04132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2404 Condado Court Suite, Apt. #, etc.	Postal Box 450821 Suite, Apt. #, etc.
City & State: Kissimmee, Florida	City & State: Kissimmee, Florida
Zip: 34743-3343 Country: Osceola	Zip: 34745-0821 Country: Osceola

4. FEI Number 56-2094993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, LARRY BISHOP 116 NORTHSIDE DR. E., APT. 3 LAKE WALES, FL 33853	Name: Brown, Larry Bishop Street Address (P.O. Box Number is Not Acceptable): 2404 Condado Court City: Kissimmee FL Zip Code: 34743-3343

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Larry Brown President/Director April, 19, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, LARRY 116 NORTHSIDE DR. E., APT. #3 LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOLLIMAN, LINDA 130 MADERA DR. WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOLLIMAN, STEVE 130 MADERA DR. WINTER HAVEN, FL 33880	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition TD Crawford, Celia 2404 Condado Court Kissimmee, FL 34743
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Brown (PD) April, 19, 2004 (863)241-9042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #