2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
2404 CONDADO COURT KISSIMMEE, FL 34743-3343	P.O BOX 450821 KISSIMMEE, FL 34745-0821

03152005 No Chg-NP CR2E037 (10/03)

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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

BROWN, LARRY BISHOP
2404 CONDADO COURT
KISSIMMEE, FL 34743-3343

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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 4-1-05
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, LARRY
STREET ADDRESS	116 NORTHSIDE DR. E., APT. #3
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	TD
NAME	HOLLIMAN, LINDA
STREET ADDRESS	130 MADERA DR.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	TD
NAME	CRAWFORD, CELIA
STREET ADDRESS	2404 CONDADO COURT
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80067-005 61.25

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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 4-1-05 407.348.1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #