

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90073 020 \*\*\*\*61.75

**DOCUMENT # N99000002227**

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



Principal Place of Business  
 3256 FAIRHAVEN AVE.  
 KISSIMMEE, FL 34745

Mailing Address  
 P.O. BOX 450281  
 KISSIMMEE, FL 34745

40107551



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

05022007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name Larry Brown, Bishop  
 Street Address (P.O./Box Number is Not Acceptable)  
3256 Fairhaven Avenue  
 City Kissimmee FL Zip Code 34745

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 DATE May 1, 2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, LARRY	
STREET ADDRESS	116 NORTHSIDE DR. E., APT. #3	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, VIRGINIA	
STREET ADDRESS	5116 NW 14 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRAWFORD, CELIA	
STREET ADDRESS	2404 CONDADO COURT	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Brown	
STREET ADDRESS	3256 Fairhaven Avenue	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Celia Crawford	
STREET ADDRESS	3256 Fairhaven Avenue	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 DATE 5/1/2007 863/241-1132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #