

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002227

FILED
Apr 05, 2009
Secretary of State

Entity Name: CHARITY FELLOWSHIP INTERNATIONAL HARVEST TIME MINISTRIES INC.

Current Principal Place of Business:

7505 SW 63RD TERRACE
GAINESVILLE, FL 32608

New Principal Place of Business:

7505 SW 63RD TERRACE
GAINESVILLE, FL 32608

Current Mailing Address:

P O BOX 7383
THOMASVILLE, GA 31758

New Mailing Address:

FEI Number: 56-2094993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, LARRY BISHOP
3256 FAIR HAVEN AVE.
KISSIMMEE, FL 34745 US

Name and Address of New Registered Agent:

BROWN, LARRY BISHOP
7505 SW 63RD TERRACE
GAINESVILLE, FL 32608 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: _____

04/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, LARRY
Address: 551 SMITH AVENUE, UNIT B
City-St-Zip: THOMASVILLE, GA 31792

Title: TD () Delete
Name: WATTS, DEBRA A
Address: 603 RALEIGH AVENUE
City-St-Zip: THOMASVILLE, GA 31792

Title: TD () Delete
Name: CRAWFORD, CELIA
Address: 7505 SW 63RD TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: WATTS, DEBRA A
Address: 807 EAST WALCOTT ST.
City-St-Zip: THOMASVILLE, GA 31792

Title: TD (X) Change () Addition
Name: CRAWFORD, CELIA C
Address: 302 ROSEDALE AVENUE
City-St-Zip: THOMASVILLE, FL 31792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CELIA C. CRAWFORD

TD

04/05/2009

Electronic Signature of Signing Officer or Director

Date