

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002227

**FILED**  
**Apr 12, 2010**  
**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:**

**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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

Title: TD  
Name: CRAWFORD, CELIA C  
Address: 302 ROSEDALE AVENUE  
City-St-Zip: THOMASVILLE, FL 31792

I hereby 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 all other like empowered.

SIGNATURE: LARRY BROWN

PD

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date