

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90034 012 ****61.25

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1. Entity Name

FINAL-HARVEST MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

21811 CALEB PLACE
O BRIEN FL 32071

Mailing Address

27 E. ORANGE STR.
TARPON SPRINGS FL 34689

24020000



MOORE CR2E037 (11/03)

2. Principal Place of Business

21813 CARMEL PL.

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 212

City & State
O'BRIEN, FL

City & State

Zip 32071 Country USA

Zip Country

4. FEI Number 59-3581284

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLIMIS, GEORGE N
27 E. ORANGE STR.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE D
NAME JOHNSON, GERALD J JR.
STREET ADDRESS P O BOX 212
CITY-ST-ZIP O BRIEN FL 32071 ☐ Delete

TITLE D
NAME HATCHER, DEAN
STREET ADDRESS 5942 RIVER RD
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE D
NAME LOMBARD, ANTHONY - REV
STREET ADDRESS 54 DOGWOOD TRAIL
CITY-ST-ZIP RINGGOLD GA 30736 ☐ Delete

TITLE P
NAME JOHNSON, GERALD J SR.
STREET ADDRESS P O BOX 212
CITY-ST-ZIP O BRIEN FL 32071 ☐ Delete

TITLE S
NAME CASTELLUCCI, SHANNA J
STREET ADDRESS 5005 CAMPTON COURT
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE I
NAME JOHNSON, NORMA D
STREET ADDRESS P O BOX 212
CITY-ST-ZIP O BRIEN FL 32071 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Norma D. Johnson (NORMA D. JOHNSON)

Date

Daytime Phone #

2/26/04