

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003373

1. Entity Name
FINAL-HARVEST MINISTRIES INTERNATIONAL, INC.



Principal Place of Business Mailing Address
21813 CAMEL PL. CAMEL PL. 27 E. ORANGE STR.
P.O. BOX 212 TARPON SPRINGS, FL 34689
O BRIEN, FL 32071



DO NOT WRITE IN THIS SPACE

03092005 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE
IN THIS SPACE**

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

**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	D
NAME	JOHNSON, GERALD J JR.
STREET ADDRESS	P O BOX 212
CITY - ST - ZIP	O BRIEN, FL 32071
TITLE	D
NAME	HATCHER, DEAN
STREET ADDRESS	5942 RIVER RD
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	LOMBARD, ANTHONY REV
STREET ADDRESS	54 DOGWOOD TRAIL
CITY - ST - ZIP	RINGGOLD, GA 30736
TITLE	P
NAME	JOHNSON, GERALD J SR.
STREET ADDRESS	P O BOX 212
CITY - ST - ZIP	O BRIEN, FL 32071
TITLE	S
NAME	CASTELLUCCI, SHANNA J
STREET ADDRESS	5005 CAMPTON COURT
CITY - ST - ZIP	TAMPA, FL 33647
TITLE	T
NAME	JOHNSON, NORMA D
STREET ADDRESS	P O BOX 212
CITY - ST - ZIP	O BRIEN, FL 32071

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04/01/05-60063-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-386-955-4719