

**2007 NON-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003373**

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



Principal Place of Business  
**21813 CARHEL PL.  
P.O. BOX 212  
O BRIEN, FL 32071**

Mailing Address  
**27 E. ORANGE STR.  
TARPON SPRINGS, FL 34689**



04232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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	CH/GOD SCH. THEOLOGY POB 3330
CITY-ST-ZIP	CLEVELAND, TN 37320
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
STREET ADDRESS	17351 EMERALD CHASE DR
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

U000000735054  
05/10/07-80018-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #