# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2004**
**Secretary of State**

DOCUMENT# N99000006984

**Entity Name:** INTO HIS HARVEST MINISTRIES, INC.

**Current Principal Place of Business:**

2104 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

2104 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number: 59-3611316** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WALSH, ANN M
2104 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904

**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 | ( ) Delete |
| Name: | SAWVELLE, ROBERT J | |
| Address: | 7471 E BRONZE PLACE | |
| City-St-Zip: | TUCSON, AZ 85715 | |
| Title: | STD | ( ) Delete |
| Name: | SAWVELLE, CAROLYN | |
| Address: | 7471 E BRONZE PLACE | |
| City-St-Zip: | TUCSON, AZ 85715 | |
| Title: | VD | ( ) Delete |
| Name: | COOK, RICHARD | |
| Address: | 112 PENNOCK TRACE DRIVE | |
| City-St-Zip: | JUPITER, FL 33458 | |
| Title: | VD | ( ) Delete |
| Name: | HUCK, CHRIS | |
| Address: | 321 SOUTH CANNON APT 1 | |
| City-St-Zip: | SPOKANE, WA 99204 | |
| Title: | VD | ( ) Delete |
| Name: | MAISANO, DARLENE | |
| Address: | 5B 56 BUSTER MARSE RD | |
| City-St-Zip: | FREEPORT, FL 32439 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT J. SAWVELLE PD 03/08/2004
Electronic Signature of Signing Officer or Director — Date