

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006984

FILED
Mar 30, 2005
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

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

03/30/2005

Electronic Signature of Signing Officer or Director

Date