

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2004
Secretary of State**

DOCUMENT# N99000007109

Entity Name: THE HARVEST IS PLENTY MINISTRY OF MISSION, INC.

Current Principal Place of Business:

New Principal Place of Business:

1490 NW 3RD AVE. #106
MIAMI, FL 33136

Current Mailing Address:

New Mailing Address:

1490 NW 3RD AVE. #106
MIAMI, FL 33136

FEI Number: 65-0961125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: JOHNSON, CHERYL L
Address: 1490 NW 3RD AVE. #106
City-St-Zip: MIAMI, FL 33136

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

Title: SD () Delete
Name: JOHNSON, DENISE A
Address: 1411 WEST VIRGINIA AVE NE
City-St-Zip: WASHINGTON, DC 2002

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

Title: VPD () Delete
Name: BULLOCK, ISAIAH A
Address: 1490 NW 3RD AVE. #106
City-St-Zip: MIAMI, FL 33136

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

Title: PD () Delete
Name: BERNARD, BULLOCK
Address: 1490 NW 3RD AVE. #106
City-St-Zip: MIAMI, FL 33136

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

Title: EDT () Delete
Name: JOHNSON, CHERYL L
Address: 1490 NW 3RD AVE. #106
City-St-Zip: MIAMI, FL 33136

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

Title: D () Delete
Name: JOHNSON-BULLOCK, MAURICE J
Address: 1490 NW 3RD AVE. #106
City-St-Zip: MIAMI, FL 33136

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: C.L. JOHNSON

PTD

05/02/2004

Electronic Signature of Signing Officer or Director

Date