


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000007109	
1. Entity Name THE HARVEST IS PLENTY MINISTRY OF MISSION, INC.	

Principal Place of Business 1490 NW 3RD AVE. #106 MIAMI, FL 33136	Mailing Address 1490 NW 3RD AVE. #106 MIAMI, FL 33136
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04252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0961125	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOHNSON, CHERYL L 1490 NW 3RD AVE. #106 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, DENISE A 1411 WEST VIRGINIA AVE NE WASHINGTON, DC 2002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BULLOCK, ISAIAH A 1490 NW 3RD AVE. #106 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BULLOCK, BERNARD 1490 NW 3RD AVE. #106 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDT JOHNSON, CHERYL L 1490 NW 3RD AVE. #106 MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON-BULLOCK, MAURICE J 1490 NW 3RD AVE. #106 MIAMI, FL 33136

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05/14/07-80010-002 61.25

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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: 	President	4-25-07 (305) 343-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #