


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2004 08:00 AM
Secretary of State**

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| DOCUMENT # N99000007335 1. Entity Name HARVEST CHURCH WORSHIP CENTER, INC. |  |
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| Principal Place of Business 2612 N POWERS DRIVE CHURCH ORLANDO, FL 32818 | Mailing Address 2627 COVENTRY LANE OCOE, FL 34761 |
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3615565 | 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

**PETERS, JAMES
2627 COVENTRY LANE
OCOE, FL 34761**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2004 | 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PETERS, JAMES 2627 COVENTRY LANE OCOE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETERS, GARY 2627 COVENTRY LANE OCOE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, RANDOLPH 2627 COVENTRY LANE OCOE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HERMAN, BRYAN 6324 LANRELWOOD CT OCOE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSE, HUBERT 7215 WOODHILL PARK DR #214 ORLANDO, FL 32818 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELEN, MURPHY 2601 RENEGRADE DR #201 ORLANDO, FL 32818 |

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IN THIS SPACE**

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02/16/04-80045-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James Peters 2/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #