

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007412

FILED
Apr 30, 2008
Secretary of State

Entity Name: HARVEST TIME CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

120 N. W. 191ST STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

120 N. W. 191ST STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0970086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, ARLINE J
120NW 191 STREET
MIAMI, FL 33169 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: D (X) Delete
Name: BALLESTEROS, FRANCISCO R
Address: 1240 NE 206 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D () Delete
Name: JOHNSON, RHONDA C
Address: 1606 SNYDER COURT
City-St-Zip: MARION, IN 46952 US

Title: D (X) Delete
Name: WOODHOUSE, FLORENCE R
Address: 1033 DULCIE AVENUE
City-St-Zip: VIRGINA BEACH, VA 23455 US

Title: D () Delete
Name: JOHNSON, BRUCE A
Address: 1606 SNYDER COURT
City-St-Zip: MARION, IN 46952 US

Title: D () Delete
Name: SPENCER, CONSTANCE J
Address: 4907 NEW HAMPSHIRE AVENUE, N.W.
City-St-Zip: WASHINGTON, DC 20011 US

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: JOHNSON, BRUCE A
Address: 903 W 4TH STREET
City-St-Zip: MARION, IN 46952 US

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

Title: D () Change (X) Addition
Name: JOHNSON, RHONDA
Address: 903 W 4TH STREET
City-St-Zip: MARION, IN 46952 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARLINE J. SPENCER

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date