2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2014
Secretary of State
CC4811889891

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Entity Name: HARVEST TIME JUVENILE MINISTRIES INC.

Current Principal Place of Business:

12444 S E 55 AVE RD
BEEELVIEW, FL 34420

Current Mailing Address:

PO BOX 242
SUMMERFIELD, FL 34492

FEI Number: 45-5158680

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MADDOX, MICHAEL
12444 S E 55TH AVE RD.
BELLEVIEW, FL 34420 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

Officer/Director Detail :

Title	PD
Name	MADDOX, MICHAEL W
Address	12444 S E 55 AVE RD
City-State-Zip:	BELLEVIEW FL 34420

Title	SD
Name	MADDOX, KATHLEEN M
Address	12444 S E 55 AVE RD
City-State-Zip:	BELLEVIEW FL 34420

Title	DIRECTOR
Name	HARVEY, BELINDA D
Address	13233 SW 2ND CT.
City-State-Zip:	OCALA FL 34473

Title	DIRECTOR
Name	BUCHANAN, DENNIS R
Address	12798 TIMBER RUN
City-State-Zip:	DADE CITY FL 33525

Title	VPD
Name	BANKS, DORIS D
Address	6567SW 63RD CT
City-State-Zip:	OCALA FL 34474

Title	T
Name	BANKS, DORIS D
Address	6567 SW 63RD STREET
City-State-Zip:	OCALA FL 34479

Title	DIRECTOR
Name	TRIPP, RENEE J
Address	523 SE 30TH ST.
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	LEMLEY, LOUIS E
Address	P.O. BOX 272
City-State-Zip:	SUMMERVILLE FL 33585

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W MADDOX PRESIDENT 01/08/2014

Electronic Signature of Signing Officer/Director Detail — Date