

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42230

**Entity Name:** HARVEST TIME MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

HARVEST TIME MINISTRIES  
15115 N 19TH ST  
LUTZ, FL 33549

**Current Mailing Address:**

P O BOX 17151  
TAMPA, FL 33682

**FEI Number:** 59-3059440

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIMS-BURROWES, RAMONA  
5314 E WHITEWAY  
TAMPA, FL 33617 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 BOYD, DAVID A  
Address 24410 CROSSCUT RD  
City-State-Zip: LUTZ FL 33549

Title VPD  
Name BOYD, HARRIET B  
Address 24410 CROSSCUT RD  
City-State-Zip: LUTZ FL 33549

Title TD  
Name GREEN, CURTIS  
Address 8348 EMILY WOODS CIRCLE  
City-State-Zip: TAMPA FL 33647

Title AT  
Name SIMS-BURROWES, RAMONA  
Address 5314 WHITEWAY DR  
City-State-Zip: TEMPLE TERRACE FL

*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:** RAMONA SIMS-BURROWES

TD

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date