FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004020 (2)

1. Corporation Name
PENNY HARVEST FOUNDATION, INC.

Principal Place of Business	Mailing Address
40 TURTLEBACK TRAIL PONTE VEDRA BEACH FL 32082	40 TURTLEBACK TRAIL PONTE VEDRA BEACH FL 32082-2565

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business
21 2029 North Third Street
Suite, Apt. #, etc. 22
City & State 23 Jacksonville Beach, FL.
Zip 24 32250 Country 25 USA

2a. Mailing Address
26 2029 North Third Street
Suite, Apt. #, etc. 27
City & State 28 Jacksonville Beach FL
Zip 29 32250 Country 30 USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MICHAEL S. SHARRIT
233 E. BAY ST.
STE. 804
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Mark E Calvin
82 Street Address (P.O. Box Number is Not Acceptable): 2029 North Third Street
83
84 City: Jacksonville Beach FL 85 Zip Code: 32250

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Mark E Calvin — Mark E Calvin — Vice President / Director — DATE: 9/23
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD Rick Davalos	☒ Change ☐ Addition
NAME	RICK DAVALOS		1.2 NAME		
STREET ADDRESS	201 CRANES LAKE DR.		1.3 STREET ADDRESS	2475 N. Herw Dr.	
CITY-ST-ZIP	PONTE VERDE BEACH FL		1.4 CITY-ST-ZIP	Jacksonville Bch. FL	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRIAN R. MINOR		2.2 NAME		
STREET ADDRESS	40 TURTLE BACK TRAIL		2.3 STREET ADDRESS	500002309155---1	
CITY-ST-ZIP	PONTE VERDE BEACH FL		2.4 CITY-ST-ZIP	-10/01/97--01035--017	
TITLE	TD	☐ DELETE	3.1 TITLE	*****61.25 *****61.25	☐ Change ☐ Addition
NAME	LEO J. MADRID		3.2 NAME		
STREET ADDRESS	2001 HODGES BLVD., #215		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL S. SHARRITT		4.2 NAME		
STREET ADDRESS	1209 FOREST AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARK E. CALVIN		5.2 NAME		
STREET ADDRESS	168 COASTAL OAK CR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VERDE BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

[illegible] (904) 242-4500