

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010576

Entity Name: HARVEST FOR THE CURE, INC.**Current Principal Place of Business:**1882 NW 47TH TER
MIAMI, FL 33142**Current Mailing Address:**1882 NW 47TER
MIAMI, FL 33142 US**FEI Number: 81-4307919****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRANT-BARNES, YVETTE U YVETTE GRANT-BARNES
1882 NW 47TER
MIAMI, FL 33142 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:** YVETTE GRANT-BARNES**03/28/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	GRANT-BARNES, YVETTE U
Address	1882 NW 47TH TER
City-State-Zip:	MIAMI FL 33142

Title	TREASURER
Name	SWEET, BARBARA
Address	3468 FOX CROFT RD
City-State-Zip:	MIRAMAR FL 33025

Title	DIRECTOR
Name	THOMPSON, GREGORY D JR.
Address	13851 SW 31 ST
City-State-Zip:	MIRAMAR FL 33027

Title	DIRECTOR
Name	THOMPSON, DASHONYA
Address	13851SW 31 ST
City-State-Zip:	MIRAMAR FL 33027

Title	DIRECTOR
Name	BARNES, WILLARD LEON JR.
Address	1882 NW 47TH TER
City-State-Zip:	MIAMI FL 33147

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: YVETTE GRANT-BARNES**DIRECTOR****03/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date