

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000006510

**Entity Name:** HARVEST FOR HEARTS, INC.

**Current Principal Place of Business:**

12904 STAR COUNTRY LANE  
DOVER, FL 33527

**Current Mailing Address:**

12904 STAR COUNTRY LANE  
DOVER, FL 33527 US

**FEI Number: 88-2797431**

**Certificate of Status Desired: Yes**

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

FRAZIER, VALERIE E  
12904 STAR COUNTRY LN  
DOVER, FL 33527 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 P  
Name FRAZIER, VALERIE  
Address 12904 STAR COUNTRY LN  
City-State-Zip: DOVER FL 33527

Title VP  
Name FRAZIER, COREY A  
Address 12904 STAR COUNTRY LN  
City-State-Zip: DOVER FL 33527

Title MGR  
Name HARRIST, JOCELYN H  
Address 2450 E HILLSBOROUGH AVE, APT 818  
City-State-Zip: TAMPA FL 33610

Title D  
Name FRAZIER, ANTHONY W  
Address 12904 STAR COUNTRY LANE  
City-State-Zip: DOVER FL 33527

Title T  
Name HOLBROOK, JOIA C  
Address 2023 RUTHERFORD DR  
City-State-Zip: DOVER FL 33527

Title AR  
Name MURRAY, GERARD  
Address 13123 DONE GROVEN DR  
City-State-Zip: DOVER FL 33527

*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: VALERIE FRAZIER**

**PRESIDENT**

**02/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date