2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# 707524

Entity Name: HARVEY'S FELLOWSHIP HOME, INC.

Current Principal Place of Business:

HARVEYS FELLOWSHIP HOMES
1415 NW 5TH ST.
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 2911
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 59-1355426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TENNANT, ROBERT L
9805 LELLA
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FLEMING, FRANK
Address: 1480 SW 107TH PLACE
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: FARMER, LILLIAN,
Address: 1415 NW 5TH ST #2 A01
City-St-Zip: OCALA, FL

Title: D ( ) Delete
Name: BROWN, JEROME
Address: 1801 NW 26TH AVE
City-St-Zip: OCALA, FL 34475

Title: P ( ) Delete
Name: SMITH, ALFRED E JR
Address: 721 NE 35TH ST
City-St-Zip: OCALA, FL 34479

Title: S ( ) Delete
Name: PORTER, ERNESTINE
Address: 1618 NE 21ST ST
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LILLIAN FARMER D 04/30/2006

Electronic Signature of Signing Officer or Director — Date