

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CR Report Hfh 08

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90006 023 \*\*\*\*70.00

40100028



<b>DOCUMENT # 707524</b>					
1. Entity Name <b>HARVEY'S FELLOWSHIP HOME, INC.</b>					
Principal Place of Business <b>HARVEYS FELLOWSHIP HOMES 1415 NW 5TH ST. OCALA, FL 34475 US</b>			Mailing Address <b>P.O BOX 2911 TAMPA, FL 33601 US</b>		
2. Principal Place of Business - No P.O. Box # -			3. Mailing Address -		
Suite, Apt. #, etc. -			Suite, Apt. #, etc. -		
City & State -			City & State -		
Zip -		Country -		4. FEI Number <b>59-1355426</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04302008 Chg-NP CR2E037-(12/06)	
6. Name and Address of Current Registered Agent <b>TENNANT, ROBERT L 9805 LELLA TAMPA, FL 33615</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to: <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FLEMING, FRANK</b>		NAME		
STREET ADDRESS	<b>1480 SW 107TH PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA, FL 34476</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FARMER, LILLIAN</b>		NAME		
STREET ADDRESS	<b>1415 NW 5TH ST #2 A01</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA, FL</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BROWN, JEROME</b>		NAME		
STREET ADDRESS	<b>1801 NW 26TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA, FL 34475</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SMITH, ALFRED E JR</b>		NAME		
STREET ADDRESS	<b>721 NE 35TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA, FL 34479</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PORTER, ERNESTINE</b>		NAME	<b>VP</b>	
STREET ADDRESS	<b>1618 NE 21ST ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA, FL 34470</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<i>Sally Franklin</i>		NAME	<i>Sally Franklin</i>	
STREET ADDRESS			STREET ADDRESS	<i>9999 NW 110th Ave</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Reddick FL 32686</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Alfred E. Smith Jr</i>			Date: <i>5-4-08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

5-7-08 7269 \$70.00