

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707524

FILED  
Mar 29, 2009  
Secretary of State

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

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

Title: S ( ) Delete  
Name: FRANKLIN, SALLY  
Address: 9999 NW 110TH AVE  
City-St-Zip: REDDICK, FL 32886

**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 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: ALFRED E SMITH, JR

P

03/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date