

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000176

1. Entity Name
THE FIRST HARVEST FOUNDATION, INC.



Principal Place of Business
512 S. PARRAMORE AVENUE
ORLANDO, FL 32805

Mailing Address
512 S. PARRAMORE AVENUE
ORLANDO, FL 32805

FILED
Jul 13, 2006 08:00 AM
Secretary of State



07052006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3651704	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAYLOR, LOUIS R SR
514 S. PARRAMORE AVENUE
ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, GLENDY 5242 LETHA STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, LOUIS 5513 PENDLETON DRIVE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EZELL, JIMMIE L JR 1174 S HIGHLAND AVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, WILLIE JAMES 1683 SW 3RD ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, JAMES 3149 LAMBATH ROAD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES 8619 VALLEY RIDGE CT. ORLANDO, FL 32818

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07/13/06-80015-014 70.00

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IN THIS SPACE**

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/06 407-797-6684