

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90111 004 ****70.00

DOCUMENT # N00000000176

1. Entity Name

THE FIRST HARVEST FOUNDATION, INC.



Principal Place of Business

**514 S. PARRAMORE AVENUE
ORLANDO FL 32805**

Mailing Address

**514 S. PARRAMORE AVENUE
ORLANDO FL 32805**

2. Principal Place of Business

512 S. PARRAMORE AVE

3. Mailing Address

512 S. PARRAMORE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32805

Country

USA.

Zip

32805

Country

USA.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3651704**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HAMILTON, GLENDY**
STREET ADDRESS **5242 LETHA STREET**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
NAME **TAYLOR, LOUIS**
STREET ADDRESS **5513 PENDLETON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☒ Delete
NAME **AMOS, HARRY**
STREET ADDRESS **4728 MIRAMAR ROAD**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
NAME **SCOTT, MICHAEL**
STREET ADDRESS **2707 SMITHFIELD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Delete
NAME **HARPER, JAMES**
STREET ADDRESS **3149 LAMBAMI ROAD**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete
NAME **JOHNSON, JAMES**
STREET ADDRESS **8619 VALLEY RIDGE CT.**
CITY-ST-ZIP **ORLANDO FL 32818**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **STEVEN MATTHEWS**
STREET ADDRESS **7074 BLAIR DR**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **JULIUS N. WALKER**
STREET ADDRESS **2386 CORN CT.**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JIMMIE L. EZELL JR**
STREET ADDRESS **1174 S. HIGHLAND AVE.**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (s) empowered.

SIGNATURE:

SIGNATURE FOR JAMES

1-15-03

(407) 650-3701