

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 28 PM 1:07

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1. Entity Name  
HARVESTTIME COMMUNITY AND ECONOMIC  
DEVELOPMENT CORPORATION OF THE TREASURE  
COAST



Principal Place of Business  
921 ORANGE AVENUE  
FT PIERCE, FL 34950

Mailing Address  
POST OFFICE BOX 13027  
FT. PIERCE, FL 34957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-1126247

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCROEY, STEVEN  
1555 14TH AVE  
CONDO 218  
VERO BEACH, FL 32960

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

Filing Fee is \$61.25  
Due by May 1, 2004

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 PD ☐ Delete  
NAME MCCROEY, RENEE  
STREET ADDRESS 1555 19TH AVENUE, #218  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VD ☐ Delete  
NAME STACKLEBECK, BOB  
STREET ADDRESS 8346 WOODS TRAIL  
CITY-ST-ZIP MICCO, FL 32976

TITLE GSD ☐ Delete  
NAME MCLEAN, ICELYN REC.  
STREET ADDRESS 961 FULTON WAY  
CITY-ST-ZIP SEBASTAIN, FL 32958

TITLE D ☐ Delete  
NAME FANIEL, COLLIS  
STREET ADDRESS 3207 AVENUE D  
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE D ☐ Delete  
NAME PRESTON, GREGORY  
STREET ADDRESS 707 N. 7TH STREET  
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04