

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005511

FILED
Apr 30, 2005
Secretary of State

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

Current Principal Place of Business:

921 ORANGE AVENUE
FT PIERCE, FL 34950

New Principal Place of Business:

1555 14TH AVENUE
SUITE 218
VERO BEACH, FL 32960

Current Mailing Address:

POST OFFICE BOX 13027
FT. PIERCE, FL 34957

New Mailing Address:

FEI Number: 65-1126247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCCROEY, STEVEN
1555 14TH AVE
CONDO 218
VERO BEACH, FL 32960 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: 2VD () Delete
Name: STACKLEBECK, BOB
Address: 8346 WOODS TRAIL
City-St-Zip: MICCO, FL 32976

Title: GSD () Delete
Name: MCLEAN, ICELYN REC.
Address: 961 FULTON WAY
City-St-Zip: SEBASTAIN, FL 32958

Title: D () Delete
Name: FANIEL, COLLIS
Address: 3207 AVENUE D
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: PRESTON, GREGORY
Address: 707 N. 7TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: PCED () Delete
Name: MCCROEY, STEVEN
Address: 1555 14TH AVE, #218
City-St-Zip: FT. PIERCE, FL 32960

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: PCED (X) Change () Addition
Name: MCCROEY, STEVEN
Address: 1555 14TH AVE, #218
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN MCCROEY

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date