

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

0095815

DOCUMENT # N01000005511

1. Entity Name

HARVESTTIME COMMUNITY AND ECONOMIC DEVELOPMENT CORPORATION OF THE TREASURE COAST



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 21 PM 4:23

Principal Place of Business

1217 AVENUE D
FT PIERCE FL 34957

Mailing Address

PO BOX 13027
FT PIERCE FL 34957

2. Principal Place of Business

921 Orange Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Zip

34950

Country

US

Zip

Country

4. FEI Number 65-1126247

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE VD
NAME MCCROEY, STEVEN
STREET ADDRESS 1555 19TH AVENUE, #218
CITY-ST-ZIP VERO BEACH FL 32960

TITLE TD
NAME FRAZIER, L.A. REC.
STREET ADDRESS P.O. BOX 650526
CITY-ST-ZIP VERO BEACH FL 32965

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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CITY-ST-ZIP

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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:

Renee McCroey
Benee: L.A. REC. REQUIRED

3/21/03 (772) 519-1606

CR2E037 (10/02)