

FILED


03 JUN 17 PM 12:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

DOCUMENT # N02000006785

1. Entity Name
HARVEST FOR LIFE, INC.



Principal Place of Business
115 LARKSPUR DR.
ALTAMONTE SPRINGS, FL 32701

Mailing Address
115 LARKSPUR DR.
ALTAMONTE SPRINGS, FL 32701

100020886221
06/16/03--01067--003 **70.00

2. Principal Place of Business
115 Larkspur Dr.

3. Mailing Address
Same as above



CHECK HERE IF MAKING CHANGES

City & State
Altamonte Spgs, Fl.

City & State
Altamonte Spgs, Fl.

Zip
32701

Country
USA

4. FEI Number
54-2086120

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LANCASTER, ANDRE' K
115 LARKSPUR DR.
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
Not Applicable

SAME AS BEFORE

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 *Andre K. Lancaster* DATE *June 12, 2003*

FILE NOW FREE IS 06125

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

Make Check Payable to Florida Department of State

*61.25 + 8.75**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LANCASTER, LORRAINE J 115 LARKSPUR DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S COLLELA, JUDY A 117 LARKSPUR DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T EVANS, TIFFANIE Y 115 LARKSPUR DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CRE037/10/02

70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 517, 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: *Andre K. Lancaster* DATE *June 12, 2003*

7/6/12

7