


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

05-13-2004 90007 014 ****70.00

DOCUMENT # N03000008261			
1. Entity Name HARVEST HOUSE HAITI, INC.			
Principal Place of Business 255 NW 47TH PL. OCALA, FL 34475		Mailing Address 255 NW 47TH PL. OCALA, FL 34475	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0230550		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, JUDITH 255 NW 47TH PL. OCALA, FL 34475		7. Name and Address of New Registered Agent Name: John Bullington Street Address (P.O. Box Number is Not Acceptable): 4741 SW 20th St. City: Ocala FL 34474	
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: <i>Judith C Foster</i>		DATE: 4/15/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, JUDITH	NAME	
STREET ADDRESS	255 NW 47TH PL.	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34475	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLINGTON, JOHN	NAME	
STREET ADDRESS	4741 SE 20TH ST.	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLINGTON, LINDA	NAME	
STREET ADDRESS	4741 SE 20TH ST.	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORBODEN, JEFF	NAME	
STREET ADDRESS	4741 SE 20TH ST.	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(g), 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: <i>Judith C Foster</i>		DATE: 6/22/04	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Day/Mo/Year	

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04042004 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0230550 Applied For Not Applicable

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CITY-ST-ZIP	OCALA, FL 34475
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CITY-ST-ZIP	OCALA, FL 34474
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STREET ADDRESS	4741 SE 20TH ST.
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CITY-ST-ZIP	

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SIGNATURE: *Judith C Foster* DATE: 6/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Day/Mo/Year