

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008261

FILED
Apr 28, 2005
Secretary of State

Entity Name: HARVEST HOUSE HAITI, INC.

Current Principal Place of Business:

255 NW 47TH PL.
OCALA, FL 34475

New Principal Place of Business:

8375 NW 9 AVE
OCALA, FL 34475

Current Mailing Address:

255 NW 47TH PL.
OCALA, FL 34475

New Mailing Address:

PO BOX 1974
OCALA, FL 34478

FEI Number: 20-0230550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLINGTON, JOHN
4741 SW 20TH STREET
OCALA, FL 34474 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: D () Delete
Name: FOSTER, JUDITH
Address: 255 NW 47TH PL.
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: BULLINGTON, JOHN
Address: 4741 SE 20TH ST.
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: BULLINGTON, LINDA
Address: 4741 SE 20TH ST.
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: GORBODEN, JEFF
Address: 4741 SE 20TH ST.
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FOSTER, JUDITH
Address: 375 NW 9 AVE
City-St-Zip: Ocala, FL 34475

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUDITH FOSTER

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date