

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 23, 2009  
Secretary of State**

DOCUMENT# N03000008261

Entity Name: HARVEST HOUSE HAITI, INC.

**Current Principal Place of Business:**

8375 NW 9 AVE  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1974  
OCALA, FL 34478

**New Mailing Address:**

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: 8375 NW 9 AVE  
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: ( ) 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 C FOSTER

D

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date