

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004204

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** HARVESTTIME COMMUNITY DEVELOPMENT CORPORATION (GHANA) LIMITED

**Current Principal Place of Business:**

1220 AVE D.  
PO BOX 13027  
FORT PIERCE, FL 34979

**New Principal Place of Business:**

1555 14TH AVENUE  
SUITE 218  
VERO BEACH, FL 32960

**Current Mailing Address:**

1220 AVE D.  
PO BOX 13027  
FORT PIERCE, FL 34979

**New Mailing Address:**

1555 14TH AVENUE  
SUITE 218  
VERO BEACH, FL 32960

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCROEY, STEVEN  
1555 14TH AVE. CONDO 218  
VERO BEACH, FL 32960    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: 2VD                      ( ) Delete  
Name: SAPONG, NANA  
Address: 1220 AVE D.  
City-St-Zip: FORT PIERCE, FL 34979

Title: DS                      ( ) Delete  
Name: MCLEAND, ICELYN  
Address: 1220 AVE D.  
City-St-Zip: FORT PIERCE, FL 34979

Title: CEOP                      ( ) Delete  
Name: MCCROEY, STEVEN  
Address: 1220 AVE. D  
City-St-Zip: FORT PIERCE, FL 34979

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: 2VD                      (X) Change ( ) Addition  
Name: SAPONG, NANA  
Address: 1555 14TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: DS                      (X) Change ( ) Addition  
Name: MCLEAN, ICELYN  
Address: 961 FULTON WAY  
City-St-Zip: SEBASTIAN, FL 32958

Title: CEOP                      (X) Change ( ) Addition  
Name: MCCROEY, STEVEN  
Address: 1555 14TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

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: STEVEN MCCROEY

CEOP

04/30/2005

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

\_\_\_\_\_  
Date