

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000001872

1. Entity Name

HARVEST OF HOPE FOUNDATION, INC.



FILED
Feb 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

5809 NW 67 COURT
GAINESVILLE FL 32653

Mailing Address

5809 NW 67 COURT
GAINESVILLE FL 32653



2. Principal Place of Business - No P.O. Box #

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

16-1523238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLERMAN, PHILIP
5809 NW 67 COURT
GAINESVILLE FL 32653

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLERMAN, PHILIP	
STREET ADDRESS	5809 NW 67 COURT	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEVAYEGA, DINA	
STREET ADDRESS	21 FEIDEN	
CITY-ST-ZIP	LATHAM NY 12110-5001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSINEK, MICHELLE	
STREET ADDRESS	3622 MONTICELLO COMMONS	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	BM	<input type="checkbox"/> Delete
NAME	DE LOS SANTOS, CHRISTIAN	
STREET ADDRESS	2400 YORKTOWN APT. 80	
CITY-ST-ZIP	HOUSTON TX 77027	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MARTIN, ROSEMARY	
STREET ADDRESS	11410 HARRINGTON ST	
CITY-ST-ZIP	BAKERSFIELD CA 93311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000628934
CITY-ST-ZIP	02/16/07-00036-024 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Philip Kellerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/07 352-372-1312
Date Daytime Phone #