

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 05, 2008  
Secretary of State

DOCUMENT# N05000001872

Entity Name: HARVEST OF HOPE FOUNDATION, INC.

**Current Principal Place of Business:**

5809 NW 67 COURT  
GAINESEVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

5809 NW 67 COURT  
GAINESEVILLE, FL 32653

**New Mailing Address:**

FEI Number: 16-1523238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KELLERMAN, PHILIP  
5809 NW 67 COURT  
GAINESEVILLE, FL 32653      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: P      ( ) Delete  
Name: KELLERMAN, PHILIP  
Address: 5809 NW 67 COURT  
City-St-Zip: GAINESEVILLE, FL 32653

Title: T      ( ) Delete  
Name: SEVAYEGA, DINA  
Address: 21 FEIDEN  
City-St-Zip: LATHAM, NY 121105001

Title: VP      ( ) Delete  
Name: ROSINEK, MICHELLE  
Address: 3622 MONTICELLO COMMONS  
City-St-Zip: NORCROSS, GA 30092

Title: BM      ( ) Delete  
Name: DE LOS SANTOS, CHRISTIAN  
Address: 2400 YORKTOWN APT. 80  
City-St-Zip: HOUSTON, TX 77027

Title: BM      ( ) Delete  
Name: MARTIN, ROSEMARY  
Address: 11410 HARRINGTON ST  
City-St-Zip: BAKERSFIELD, CA 93311

**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:

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: PHILIP KELLERMAN

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date