

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001872

FILED
Apr 22, 2009
Secretary of State

Entity Name: HARVEST OF HOPE FOUNDATION, INC.

Current Principal Place of Business:

5809 NW 67 COURT
GAINESVILLE, FL 32653

New Principal Place of Business:

3519 NW 53 TERRACE
GAINESVILLE, FL 32606

Current Mailing Address:

5809 NW 67 COURT
GAINESVILLE, FL 32653

New Mailing Address:

PO BOX 358025
GAINESVILLE, FL 32635

FEI Number: 16-1523238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLERMAN, PHILIP
5809 NW 67 COURT
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

KELLERMAN, PHILIP
3519 NW 53RD TERRACE
GAINESVILLE, FL 32606 US

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: PHILIP KELLERMAN

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLERMAN, PHILIP
Address: 5809 NW 67 COURT
City-St-Zip: GAINESVILLE, 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: P (X) Change () Addition
Name: KELLERMAN, PHILIP
Address: 3519 NW 53RD TERRACE
City-St-Zip: GAINESVILLE, FL 32635

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

04/22/2009

Electronic Signature of Signing Officer or Director

Date