

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 22, 2010
Secretary of State

DOCUMENT# N05000001872

Entity Name: HARVEST OF HOPE FOUNDATION, INC.**Current Principal Place of Business:**3519 NW 53 TERRACE
GAINESVILLE, FL 32606**New Principal Place of Business:****Current Mailing Address:**PO BOX 358025
GAINESVILLE, FL 32635**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
3519 NW 53RD TERRACE
GAINESVILLE, FL 32606 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: PRES
Name: KELLERMAN, PHILIP
Address: 3519 NW 53RD TERRACE
City-St-Zip: GAINESVILLE, FL 32635

Title: TRSR
Name: SEVAYEGA, DINA
Address: 21 FEIDEN
City-St-Zip: LATHAM, NY 121105001

Title: VP
Name: ROMERO, TOM R
Address: 225 NW 19TH LANE
City-St-Zip: GAINESVILLE, FL 32609

Title: COMM
Name: KELLERMAN, EDMUND
Address: 5529 NW 52ND TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: PR
Name: ROSENBERG, GREG
Address: 1961 SW 67TH TERRACE
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: KELLERPL

PRES

11/22/2010

Electronic Signature of Signing Officer or Director

Date