

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000602

FILED  
May 07, 2007  
Secretary of State

**Entity Name:** HARVEST HOUSE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

12 BERRY CT  
MASCOTTE, FL 34753

**New Principal Place of Business:**

**Current Mailing Address:**

12 BERRY CT  
MASCOTTE, FL 34753

**New Mailing Address:**

**FEI Number:** 74-3158627      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SINGLETON, BARBARA L  
12 BERRY CT  
MASCOTTE, FL 34753      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: SINGLETON, BARBARA L  
Address: 12 BERRY CT  
City-St-Zip: MASCOTTE, FL 34753

Title: V ( ) Delete  
Name: DOROBAN, CHRISTOPHER  
Address: 21 LAKEVIEW DR  
City-St-Zip: SAVANNAH, GA 31405

Title: T ( ) Delete  
Name: GREENE, KELLEY  
Address: 4135 RAVENWOOD CT  
City-St-Zip: UNION CITY, FL 30291

Title: S ( ) Delete  
Name: DOROBAN, TONI  
Address: 21 LAKEVIEW DR  
City-St-Zip: SAVANNAH, GA 31405

Title: D ( ) Delete  
Name: LITTLEJOHN, TWYINE  
Address: 809 GEORGIA AVE  
City-St-Zip: LEESBURG, FL 34748

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: DOROBAN, CHRISTOPHER  
Address: 560 ROB ROY DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DOROBAN, TONI  
Address: 560 ROB ROY DRIVE  
City-St-Zip: CLERMONT, FL 34711

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: BARBARA L. SINGLETON

P

05/07/2007

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

\_\_\_\_\_  
Date