2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008
Secretary of State

DOCUMENT# N06000000602

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:

PO BOX 4900898
LEESBURG, FL 34749 US

FEI Number: 74-3158627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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: 560 ROB ROY DRIVE
City-St-Zip: CLERMONT, FL 34711

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

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

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: ( ) 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: BARBARA L. SINGLETON PRES 09/09/2008

Electronic Signature of Signing Officer or Director — Date