2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# N07000000384

Entity Name: HOGANS HARVEST INC.

Current Principal Place of Business:

4752 AVENUE D
ST AUGSUTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2085
ST AUGSUTINE, FL 32085

New Mailing Address:

FEI Number: 20-8267763 **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:

HOGAN, CHERYL
4752 AVENUE D
ST AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

HOGAN, CHERYL DR
4752 AVENUE D
ST AUGUSTINE, FL 32095 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: DR CHERYL HOGAN 10/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: HOGAN, CHERYL DR.
Address: 4752 AVENUE D
City-St-Zip: ST AUGSUTINE, FL 32095

Title: P ( ) Delete
Name: THURSTON, ALICIA
Address: PO BOX 2084
City-St-Zip: ST. AUGUSTINE, FL 320853422

Title: T ( ) Delete
Name: PARSON, DAWSON
Address: PO BOX 2084
City-St-Zip: ST. AUGUSTINE, FL 320853422

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:

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: DR CHERYL HOGAN CEO 10/05/2009
Electronic Signature of Signing Officer or Director Date