


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30051 (9)
 1. Corporation Name
HARVEST FLORIDA HOUSING FOUNDATION, INC.



Principal Place of Business P.O. BOX 278 HOMESTEAD FL 33030	Mailing Address P.O. BOX 278 HOMESTEAD FL 33030
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
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3. Date Incorporated or Qualified 01/06/1989	3a. Date of Last Report 03/08/1996
4. FEI Number 65-0149303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent
FREDRICK, JOHN
121 N.W. 20TH STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLIE	
STREET ADDRESS	1626 NW 6TH AVENUE	
CITY-ST-ZIP	FLORIDA CITY FL 33040	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHAMBERS, WILLIAM	
STREET ADDRESS	1221 NW 19TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, EDWARD J.	
STREET ADDRESS	24757 SW 187TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALGER, RICHARD	
STREET ADDRESS	18001 SW 285TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREDRICK, JOHN	
STREET ADDRESS	121 NW 20TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARTURO DeLEON	
1.3 STREET ADDRESS	25700 SW 212 AVE.	
1.4 CITY-ST-ZIP	HOMESTEAD, FL 33031	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHAMBER, WILLIAM	
2.3 STREET ADDRESS	CHAMBER, WILLIAM	
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ZAMARIPPA, MARBELIA	
3.3 STREET ADDRESS	15711 SW 290 TERR. H.309	
3.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALGER, RICHARD	
4.3 STREET ADDRESS	ALGER, RICHARD	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JENSEN, ROBERT	
5.3 STREET ADDRESS	1550 N. KROME AVE.	
5.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARRERA, EDMUND	
6.3 STREET ADDRESS	29355 SO.FEDERAL HWY.	
6.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED 8/12/97 (25) 27-039

CR2E037 (4/97)