NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name N30051

HARVEST FLORIDA HOUSING FOUNDATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

P.O. BOX 278 HOMESTEAD FL 33030 Mailing Address

P.O. BOX 278

2a. Mailing Address

Suite, Apt. #, etc.

26

27

HOMESTEAD FL 33030

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90057 023 \*\*\*\*61.25

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Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

01/06/1989

=65-0149303±

4. FEI Number

Zip   Country   Zip   Country   St. Others	City & State	•	City & State			5. Certificate of Status Desired  5. Services			1		
24 25 25 29 30 Trust Fund Contribution Added to Fees  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address (P.O. Box Number is Not Acceptable)  29355 S. FEDERAL HWY HOMESTEAD Ft. 33030  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 85 Zip Code  64 City  FL 85 Zip Code  65 City  FL 85 Zip Code  66 City  FL 85 Zip Code  67 City  FL 85 Zip Code  68 City  FL 85 Zip Code  69 City  FL 80 Zip Code  60 City  FL 80 Zip Code  61 Zip Code  62 City  FL 80 Zip Code  63 Zip Code  64 City  FL 80 Zip Code  65 Zip Code  66 City  FL 80 Zip Code  67 Zip Code  67 Zip Code  68 Zip Code  68 Zip Code  68 Zip Code  69 Zip Code  69 Zip Code  60 Zip Code  61 Zip Code  61 Zip Code  62 Zip Code  63 Zip Code  64 Zip Code  65 Zip Code  66 Zip Code  67 Zip Code  67 Zip Code  67 Zip Code  68 Zip Code  68 Zip Code  69 Zip Code  60											
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  CARRERA, EDMUND 29355 S. FEDERAL HWY HOMESTEAD FL 33030  84 City  FL 85 Zip Code  The provisions of Sactions 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered to office or registered of the provisions of Sactions 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered office or registered of the propriate name of registered of the corporation's board of directors. I hereby accept the appointment as registered office or registered of the corporation's board of directors. I hereby accept the appointment as registered office or registered of the corporation's board of directors. I hereby accept the appointment as registered office or registered office or registered of the corporation's board of directors. I hereby accept the appointment as registered office or registered office or registered office or registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered office of the provision of the provisio	`	<del></del>	Zip	_ ·			1 1		-		
CARRERA, EDMUND 28355 S. FEDERAL HWY HOMESTEAD FL 33030  84	24			30		Trust Fund Contribution Added to Fees					
CARRERA, EDMUND 28355 S. FEDERAL HWY HOMESTEAD FL 33030  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, and familiar why and paccept/fib politiquency of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELEON, ARTURO  STREET ADDRESS  CITY-ST-ZP  HOMESTEAD FL  14. CITY-ST-ZP  HOMESTEAD FL  12. STREET ADDRESS  CITY-ST-ZP  HOMESTEAD FL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. STREET ADDRESS  CITY-ST-ZP  HOMESTEAD FL  14. CITY-ST-ZP  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  Change  Change  Addition  Change  Addition  Change  Change  Addition  Change  Change  Addition  Change  Change  Change  Change  Addition  Change  Change  Change  Change  Change  Change  Change  Change  Change  Chang	9. Name and Address of Current Registered Agent										
29355 S. FEDERAL HWY HOMESTEAD FL. 33030  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept/file publications of Sections 617.0503, Florida Statutes.  SIGNATURE  Signature, hybrid or printed name of registered agent and time if application.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELEON, ARTURO  STREET ADDRESS  CITY-ST-ZIP  HOMESTEAD FL  TITLE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  21 TITLE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  22 STREET ADDRESS  CITY-ST-ZIP  TITLE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  31 TITLE  CHANGE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  31 TITLE  CHANGE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  31 TITLE  CHANGE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  31 TITLE  CHANGE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  CHANGE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  D DELETE  31 TITLE  CHANGE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  CHANGE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  CHANGE  CHANGER, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  CHANGE  Addition  Addition  Addition  CHANGER  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CHANGE  Addition  CHANGER  Additi				0	Name						
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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 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/fire byligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12.	HOMESTEAD FL 33030		8:	3				l l			
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TITLE D DELETON, ARTURO 12 NAME 25700 SW 212 AVE 1.3 STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 2.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1221 NW 19TH STREET 2.3 STREET ADDRESS 1221 NW 19TH STREET 2.3 STREET ADDRESS 1221 NW 19TH STREET 2.4 CITY-ST-ZIP 1.5 NAME 2AMARIPPA, MARBELIA 32 NAME 3.3 STREET ADDRESS 1.5 NAME 2AMARIPPA, MARBELIA 32 NAME 3.3 STREET ADDRESS 1.5 NAME 2AMARIPPA, MARBELIA 32 NAME 3.3 STREET ADDRESS 1.5 NAME 3.3 STREET ADDRESS 1.5 NAME 3.4 CITY-ST-ZIP 1.5 NAME 3.5 N	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
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CITY-ST-ZIP HOMESTEAD FL 64 CITY-ST-ZIP	.			6.4 CITY-	ST-ZIP						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

SIGNATURE: