


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90101 022 ****70.00

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| DOCUMENT # N30051 1. Entity Name HARVEST FLORIDA HOUSING FOUNDATION, INC. |  |
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| 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



01262004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0149303 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CARRERA, EDMUND 29355 S. FEDERAL HWY HOMESTEAD, FL 33030 | DO NOT WRITE IN THIS SPACE |
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DELEON, ARTURO 25700 SW 212 AVE HOMESTEAD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAMBER, WILLIAM 1221 NW 19TH STREET HOMESTEAD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ZAMARIPPA, MARBELIA 1352 SE 1TH PL HOMESTEAD, FL 33035 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALGER, RICHARD 18001 SW 285TH STREET HOMESTEAD, FL 33030 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JENSEN, ROBERT J 1550 N KROME AVE HOMESTEAD, FL 33030 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CARRERA, EDMUND 29355 S FEDERAL HWY HOMESTEAD, FL 33030 |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edmund Carrera* 1/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #