

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90100 045 ****70.00

DOCUMENT # N30051

1. Entity 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**

50033906



29355 S. Federal Hwy

2. Principal Place of Business
P.O. BOX 278

3. Mailing Address
P.O. BOX 278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005 Chg-NP CR2E037 (10/03)

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number
65-0149303

Applied For
☐ Not Applicable

Zip
33030

Country
MIAMI-DADE

Zip
33035

Country
MIAMI-DADE

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARRERA, EDMUND
29355 S. FEDERAL HWY
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DELEON, ARTURO**
STREET ADDRESS **25700 SW 212 AVE**
CITY-ST-ZIP **HOMESTEAD, FL**

TITLE **D** ☐ Delete
NAME **CHAMBER, WILLIAM**
STREET ADDRESS **1221 NW 19TH STREET**
CITY-ST-ZIP **HOMESTEAD, FL**

TITLE **VPD** ☐ Delete
NAME **ZAMARRIPA, MARBELIA**
STREET ADDRESS **1352 SE 1TH PL**
CITY-ST-ZIP **HOMESTEAD, FL 33035**

TITLE **D** ☐ Delete
NAME **ALGER, RICHARD**
STREET ADDRESS **18001 SW 285TH STREET**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **P** ☐ Delete
NAME **JENSEN, ROBERT J**
STREET ADDRESS **1550 N KROME AVE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **ST** ☐ Delete
NAME **CARRERA, EDMUND**
STREET ADDRESS **29355 S FEDERAL HWY**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **STRIBLING, SALLY**
STREET ADDRESS **27805 SW 197 AVE**
CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **D** ☐ Change ☒ Addition
NAME **HARTLEY, BRODES H. JR.**
STREET ADDRESS **10300 SW 216 ST**
CITY-ST-ZIP **MIAMI, FL 33190**

TITLE **VP** ☒ Change ☐ Addition
NAME **ZAMARRIPA, MARBELIA D.**
STREET ADDRESS **1352 SE 11 PL**
CITY-ST-ZIP **HOMESTEAD, FL 33035**

TITLE **P** ☒ Change ☐ Addition
NAME **ALGER, RICHARD**
STREET ADDRESS **18001 SW 285TH STREET**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **D** ☒ Change ☐ Addition
NAME **JENSEN, ROBERT J**
STREET ADDRESS **1550 N. KROME AVE**
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/05

50033906



Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	N30051
Business Entity Name	HARVEST FLORIDA HOUSING FOUNDATION, INC.
Original File Date	01/06/1989

FEI Number 65-0149303

Principal Address P.O. BOX 278
HOMESTEAD, FL 33030

Mailing Address P.O. BOX 278
HOMESTEAD, FL 33030

Registered Agent EDMUND CARRERA
29355 S. FEDERAL HWY
HOMESTEAD, FL 33030 US

Officer/Director Name And Address

D
ARTURO DELEON
25700 SW 212 AVE
HOMESTEAD, FL

D
WILLIAM CHAMBER
1221 NW 19TH STREET
HOMESTEAD, FL

VPD
MARBELIA ZAMARIPPA
1352 SE 1TH PL
HOMESTEAD, FL 33035

D
RICHARD ALGER
18001 SW 285TH STREET
HOMESTEAD, FL 33030

P

ATTACHMENT

ROBERT J JENSEN
1550 N KROME AVE
HOMESTEAD, FL 33030

ST
EDMUND CARRERA
29355 S FEDERAL HWY
HOMESTEAD, FL 33030

#N30051
50033906

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select:

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