

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90095 005 ****61.25

DOCUMENT # N30051

1. Entity Name
HARVEST FLORIDA HOUSING FOUNDATION, INC.



Principal Place of Business
29355 S FEDERAL HWY
HOMESTEAD, FL 33030 US

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0149303

Applied For
Not Applicable

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 September 14, 2007

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	<input type="checkbox"/> Delete
NAME	DELEON, ARTURO	
STREET ADDRESS	25700 SW 212 AVE	
CITY-ST-ZIP	HOMESTEAD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBER, WILLIAM	
STREET ADDRESS	1221 NW 19TH STREET	
CITY-ST-ZIP	HOMESTEAD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMARIPPA, MARBELIA	
STREET ADDRESS	1352 SE 11TH PL	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALGER, RICHARD	
STREET ADDRESS	18001 SW 285TH STREET	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, ROBERT J	
STREET ADDRESS	1550 N KROME AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	ST	<input type="checkbox"/> 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sally Stribling	
STREET ADDRESS	12 Bass Avenue	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brodus H. Hartkey Jr.	
STREET ADDRESS	10300 SW 216 St.	
CITY-ST-ZIP	Miami FL, 33190	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/07 35-247-0639