
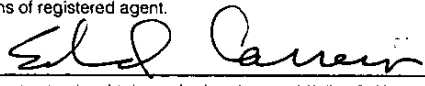
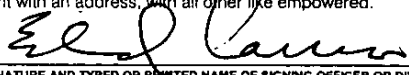


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90064 028 ****61.25

DOCUMENT # N30051 f. 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		4. FEI Number 65-0149303	
Zip ~ Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEON, ARTURO <input checked="" type="checkbox"/> Delete 25700 SW 212 AVE HOMESTEAD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C- Stribling, Sally <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 Bass Avenue Key Largo, Fl 33037	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBER, WILLIAM <input checked="" type="checkbox"/> Delete 1221 NW 19TH STREET HOMESTEAD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAMARIPPA, MARBELIA <input checked="" type="checkbox"/> Delete 1352 SE 11TH PL HOMESTEAD, FL 33035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALGER, RICHARD <input type="checkbox"/> Delete 18001 SW 285TH STREET HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, ROBERT J <input type="checkbox"/> Delete 1550 N KROME AVE HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARRERA, EDMUND <input checked="" type="checkbox"/> Delete 29355 S FEDERAL HWY HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: 			3/31/08 3052470639		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40068797



03312008 Chg-NP CR2E037 (12/06)