

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003802

FILED
Jul 21, 2008
Secretary of State

Entity Name: HARMBE PROPERTIES AND MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2591 W BEAVER ST
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9216
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3252763 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KINSEY, CARRIE B
12754 MUIRFIELD BLVD N
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINSEY, CARRIE
Address: 12754 MUIRFIELD BLVD N
City-St-Zip: JACKSONVILLE, FL 32225

Title: V/D () Delete
Name: HALFORD, NAOMI
Address: 319 W. 17TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD () Delete
Name: NELSON, ANTOINETTE
Address: 646 CHERRY BARK DR N
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: AUSTIN, GREGORY
Address: 12255 ROCHFORD LANE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINETTE NELSON

SD

07/21/2008

Electronic Signature of Signing Officer or Director

Date