

DOCUMENT # N95000002524

1. Entity Name

HARC CHALLENGE FOUNDATION, INC.

[illegible]

59-3357217

Applied For
Not Applicable

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CT	<input type="checkbox"/> Delete
NAME	HOLCOMB, JOHN	
STREET ADDRESS	101 E. KENNEDY BLVD. #3700	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	T	<input type="checkbox"/> Delete
NAME	BRANNOCK, STEVEN	
STREET ADDRESS	8113 REVELS RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PINZEL, BONNIE J	
STREET ADDRESS	4615 N. PARK AVE #409	
CITY-ST-ZIP	CHEVY CHASE MD 20815	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, GREG	
STREET ADDRESS	220 E MADISON ST., SUITE 1200	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	TT	<input type="checkbox"/> Delete
NAME	HUGHES, GREG	
STREET ADDRESS	220 E MADISON ST #1200	
CITY-ST- ZIP	TAMPA FL 33612	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<div> <div>T</div> <div>Vivero, Jose</div> <div>P.O. Box 17704</div> <div>Tampa, FL 33682</div> </div> <div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Brannock, Steven		
STREET ADDRESS	813 Revels Rd		
CITY-ST-ZIP	Riverview, FL 33569		

TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rauenhorst, Susan		
STREET ADDRESS	3225 S. MacDill Ave		
CITY-ST-ZIP	Tampa, FL 33629		

TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Walters, Ken		
STREET ADDRESS	1304 S. DeSoto Ave #310		
CITY-ST-ZIP	Tampa, FL 33629		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01
Date

813-273-6364
Daytime Phone #

CR2E037 (10/00)