2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002524

VIVERO, JOSE

P.O. BOX 17704

TAMPA, FL 33682 77

() Delete

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

Entity Name: HARC CHALLENGE FOUNDATION, INC.

FILED Jan 26, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:		
220 E MAD SUITE 1040 TAMPA, FL)	US					
Current Mailing Address:					New Mailing Address:		
P.O BOX 95 TAMPA, FL		US					
FEI Number:	59-3357217	FEIN	lumber Applied For()	FEI Numi	ber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
LILLISTON, 2714 W KIR TAMPA, FL	RBY ST	US					
The above in the State		ty submit	s this statement for the pu	ırpose of	changing its	s registered	d office or registered agent, or both,
SIGNATUR	E:						
Electronic Signature of Registered Agent				nt	Date		
OFFICERS AND DIRECTORS:				i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CT HOLCOMB, 101 E. KENI TAMPA, FL	NEDY BLV). #3700	1	Title: Name: Address: City-St-Zip:	CT PIRO, PAUL 2202 N. WE TAMPA, FL	STSHORE BLVD #455
Title: Name: Address: City-St-Zip:	T BRANNOCK 8113 REVEI RIVERVIEW	LS RD.)	1	Title: Name: Address: City-St-Zip:	T RODRIGUE 5444 BAY C TAMPA, 33	ENTER DRIVE #115
Title: Name: Address: City-St-Zip:	T RAUENHOR 601 N. ASHI TAMPA, FL	LEÝ; SUITE 33602		,	Title: Name: Address: City-St-Zip:	TAMPA, FL	VATCH CIRCLE 33602
Title:	Т	() Delete		•	Title:	Т	(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Title:

Name: Address:

Address:

City-St-Zip:

City-St-Zip:

WERKSTELL, SCOTT

RIBA, DAVID S

P.O. BOX 4517

9234 SHENANDOAH RUN

CLEARWATER, FL 33758

WESLEY CHAPEL, FL 33544 77

() Change (X) Addition

SIGNATURE: RICHARD LILLISTON CEO 01/26/2005