2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002524

Name: HARC CHALLENGE FOLINDATION INC

FILED Jan 07, 2006 Secretary of State

Elluty Nai	THE: HARC CHALLENGE FOUNDATION, IN	NC.		
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
220 E MAD SUITE 104 TAMPA, FI	.0			
Current Mailing Address:		New Mailing Address:		
P.O BOX 9 TAMPA, FI				
FEI Number:	: 59-3357217 FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:	
LILLISTON 2714 W KI TAMPA, FI				
	named entity submits this statement for the e of Florida.	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CT () Delete PIRO, PAUL 2202 N. WESTSHORE BLVD #455 TAMPA, FL 33607	Title: Name: Address: City-St-Zip:	BP (X) Change () Addition PIRO, PAUL 2202 N. WESTSHORE BLVD #455 TAMPA, FL 33607	
Title: Name: Address: City-St-Zip:	T () Delete RODRIGUEZ, MELANIE 5444 BAY CENTER DRIVE #115 TAMPA, 33 33569	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition DYE, ANNA 4706 WEST LEONA ST. TAMPA, FL 33629	
Title: Name: Address: City-St-Zip:	T () Delete LOGSDON, GLORIA 1150 SHIPWATCH CIRCLE TAMPA, FL 33602	Title: Name: Address: City-St-Zip:	S (X) Change () Addition LOGSDON, GLORIA 1150 SHIPWATCH CIRCLE TAMPA, FL 33602	
Title: Name: Address: City-St-Zip:	T () Delete WERKSTELL, SCOTT 9234 SHENANDOAH RUN WESLEY CHAPEL, FL 33544 77	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (X) Delete RIBA, DAVID S P.O. BOX 4517 CLEARWATER EL 33758	Title: Name: Address: City-St-Zin:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT WERKSTELL T 01/07/2006