

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005306

FILED
Jun 16, 2009
Secretary of State

Entity Name: HARBOR HOUSE FOUNDATION, INC.

Current Principal Place of Business:

2707 N. HARPER
CHOCTAW, OK 73020 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1811
CHOCTAW, OK 73020 US

New Mailing Address:

FEI Number: 59-3401516 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

SWART, HARRY J
717 EAST OAK ST.
KISSIMMEE, FL 34744 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: D () Delete
Name: JONES, TOMMY L
Address: 2707 N. HARPER
City-St-Zip: CHOCTAW, OK 73020

Title: PD () Delete
Name: JONES, ADAM P
Address: 2707 N. HARPER
City-St-Zip: CHOCTAW, OK 73020

Title: D () Delete
Name: GREEN, RANDY
Address: 7017 N.W. 129TH
City-St-Zip: OKLAHOMA CITY, OK 73142

Title: D () Delete
Name: JONES, WILLIAM A
Address: 19777 N 76TH ST APT. 3214
City-St-Zip: SCOTTSDALE, AZ 85255

Title: D () Delete
Name: CORBITT, CRAIG
Address: 2707 N. HARPER
City-St-Zip: CHOCTAW, OK 73020

Title: D () Delete
Name: ADAMS, BILL D
Address: 9722 E. 5TH ST
City-St-Zip: TULSA, OK 74128

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
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Title: () Change () Addition
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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: TOMMY L. JONES

DIR

06/16/2009

Electronic Signature of Signing Officer or Director

Date