

N95000005306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

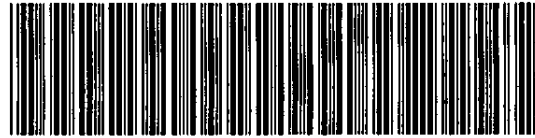
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R A / R O / C H J
@ 10 12/15/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor House Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N95000005306

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Jones
Name of Contact Person

Harbor House Foundation, Inc.
Firm/Company

P.O. Box 1811
Address

Choctaw, OK 73020
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Jones at ()
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2009

ADAM JONES
HARBOR HOUSE FOUNDATION, INC.
P.O. BOX 1811
CHOCTAW, OK 73020

SUBJECT: HARBOR HOUSE FOUNDATION, INC.
Ref. Number: N95000005306

We have received your document for HARBOR HOUSE FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 909A00035874

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TARY OF STA
ASSESSOR

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Harbor House Fundation, Inc.
2. The principal office address: P.O. Box 1811, Choctaw, OK 73020
2707 N. Harper, Choctaw, Ok 73020
3. The mailing address (if different): P.O. Box 1811
Choctaw, Ok 73020
4. Date of incorporation/qualification: 11/07/1995 Document number: N95000005306
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Harry J Swart

717 East Oak St

Kissimmee, FL 34744

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Swart Baumruk & Company LLP

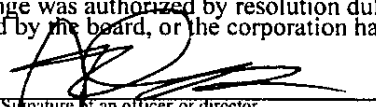
1101 Miranda Lane

P.O. Box NOT acceptable

Kissimmee, FL 34741-0769

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

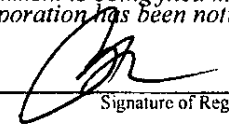
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Adam Jones, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10/28/09

Date

If signing on behalf of an entity:

Harry J. Swart, CPA

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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