## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004648 (9)

FILED
Apr 29 1998 8:00am
Secretary of State

HELP	FOR THE HARVEST, INC.						
Principal Place of Business Mailing Address					1 INSTINIET OF FRITZ SKILL COM BERN EARLY STRIK STOLD STILL STRIK STOLD STILL STRIKE	JH IODI	
9803 108TH AVENUE NORTH SEMINOLE FL \$3773		9803 108TH AVENUE NORTH SEMINOLE FL 33773			3. Date Incorporated or Qualified 09/09/1996	· · · · · · · · · · · · · · · · · · ·	
					4. FEI Number Applied		
2. Principal P	lace of Business	2a. Mailing Address			A0.75	plicable	
21		26	26		5. Certificate of Status Desired S8.75 Additi		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del> -		6. Election Campaign Financing \$5.00 May E	Be	
City & State		City & State	City & State		Trust Fund Contribution Added to Fee		
23		28	<b>_</b>		7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip			8. This corporation owes or has paid the current year intangible		
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent		
			61	Name			
LEVITT, SANDRA B			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
9803 108TH AVENUE NORTH SEMINOLE FL 33773			83	<del> </del>		<del></del>	
SEMINTO	LE FL 33/73						
			84	City	FL 85 Zip Code	ı	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the abov	/e-named co		istered	
office of f agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	∍of Florida. Such change was a jations of, Section 617.0503, Fir	authorized b orida Statute	y the corpo s.	corporation submits this statement for the purpose of changing its regoration's board of directors. I hereby accept the appointment as regis	tered	
SIGNATURE							
12.	Signature, typed or printed name of registered ag			ent signature re	equired when reinstating) DATE		
TITLE	PTD OFFICERS AN	ID DIRECTORS  DELETE	13. 1.1 TITLE	—— Т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 Addition	
NAME	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1.2 NAME		Cloude C	MUUIUUI	
STREET ADDRESS	AAAA AAATII AMEMIE MORTII			T ADDRESS			
CITY-ST-ZIP	ACIMIAL C. C. ACITA		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE	0)-2/1	☐ Change ☐	Addition	
NAME	LOURS BUSINESS AS		2.2 NAME		- · -		
STREET ADDRESS	9603 108TH AVENUE NORTH	1	2.3 STREE	T ADDRESS			
CITY-ST-21P	SEMINOLE FL 33773		2. 4 CITY -	ST-ZIP			
TITLE	VPD	DELETE	3.1 TITLE		☐ Change ☐	Addition	
NAME	KIRSCHBAUM, DENISE		3.2 NAME				
STREET ADDRESS	10244 BARRY DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZNP Title	LARGO FL 33774	☐ DELETE	3.4. CITY-	ST-ZIP		5 4 4741	
NAME		☐ DECEIE	4.1 TITLE		☐ Change	Addition	
1			4. 2 NAME				
STREET ADDRESS CITY-ST-ZIP			•	T ADDRESS			
TITLE		DELETE	4.4 CITY- 5.1 TITLE	51-211	Change	Addition	
NAME		<u> </u>	5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZWP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐	Addition	
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREE	T ADDRESS			
				I .			

IGNATURE: Jander Revill BANDAY LEVIT 4-1-98 813398-176

14. 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 annual report or supplemental annual 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 12 or Block 13 If changed, or on an attachment with an address.