

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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1. Entity Name
HARVEST COMMUNITY DEVELOPMENT, INC.



Principal Place of Business

**2801 W OAKLAND PARK BLVD
STE B-16
OAKLAND PARK, FL 33311 US**

Mailing Address

**P O BOX 5143
FT LAUDERDALE, FL 33310 US**



04252006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0712884

Applied For
Not Applicable

8. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, KENNETH L SR.
1201 NE 7TH AVENUE
FORT LAUDERDALE, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000540380
05/10/06-80014-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, KENNETH L SR.
STREET ADDRESS	6031 NW 15 ST.
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	DS
NAME	CUNNINGHAM, NATASHA
STREET ADDRESS	2770 SOMERSET DR., BLDG. R, #311
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	DT
NAME	PEW-EASON, BARBARA
STREET ADDRESS	2051 NW 43 TERR., #201
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Kenneth Smith
KENNETH SMITH

4-25-06 954-735-2121

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #