

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

FILED

98 APR 21 PM 4:00

DOCUMENT # N97000002066 (5)

1. Corporation Name

THE HARVEST NETWORK, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2923 BYINGTON CIRCLE
TALLAHASSEE FL 32303

2923 BYINGTON CIRCLE
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

59-3438834

Applied For

Not Applicable

2. Principal Place of Business

21 1190 Capital Cir N.E.

Suite, Apt. #, etc.

22 Suite D

City & State

23 Tallahassee, FL

Zip

24 32301-3547

Country

25 Leon

2a. Mailing Address

26 1190 Capital Cir NE

Suite, Apt. #, etc.

27 Suite D

City & State

28 Tallahassee

Zip

29 32301-3547

Country

30 Leon

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOSWELL, DON
2923 BYINGTON CIRCLE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600002500376--9

-04/27/98--01003--002

*****70.00 *****70.00

84 City

FL

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☐ Change ☐ Addition

1.2 NAME Don Boswell

1.3 STREET ADDRESS 2923 Byington Circle

1.4 CITY-ST-ZIP Tallahassee, FL 32303

2.1 TITLE Vice President/Director ☐ Change ☐ Addition

2.2 NAME Tami Jazo

2.3 STREET ADDRESS 2548 Whisper Way

2.4 CITY-ST-ZIP Tallahassee, FL 32301

3.1 TITLE Treasurer/Director ☐ Change ☐ Addition

3.2 NAME Nora Boswell

3.3 STREET ADDRESS 2923 Byington Circle

3.4 CITY-ST-ZIP Tallahassee, FL 32303

4.1 TITLE Secretary/Director ☐ Change ☐ Addition

4.2 NAME Karen Kinser

4.3 STREET ADDRESS P.O. Box 10311 NA

4.4 CITY-ST-ZIP Tallahassee, FL 32302-2311

5.1 TITLE Director ☐ Change ☐ Addition

5.2 NAME Ed Zapata

5.3 STREET ADDRESS 4021 Devlin Drive

5.4 CITY-ST-ZIP Tallahassee, FL 32308

6.1 TITLE Director ☐ Change ☐ Addition

6.2 NAME Mary Zapata

6.3 STREET ADDRESS 4021 Devlin Drive

6.4 CITY-ST-ZIP Tallahassee, FL 32308

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.

SIGNATURE:

Don Boswell

4/14/98 250-656-0008

CFR2037 (10/97)