

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000074433

FILED
Jan 12, 2009
Secretary of State

Entity Name: HARVEST WORKERS NETWORK INC.

Current Principal Place of Business:

7464 ORTEGA HILLS DR
JACKSONVILLE, FL 32244

New Principal Place of Business:

4237 SPRINGWOOD RD
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 440726
JACKSONVILLE, FL 32222

New Mailing Address:

PO BOX 47077
JACKSONVILLE, FL 32247

FEI Number: 74-3185633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARBROUGH, MARSHA
2986 GULF STREAM LANE
JACKSONVILLE, FL 32250 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: MARSHA YARBROUGH

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YARBROUGH, MARSHA
Address: 2986 GULF STREAM LANE
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP () Delete
Name: YARBROUGH, RICHARD J
Address: 7443 ORTEGA HILLS DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: URSCH, SARAH D
Address: 7464 ORTEGA HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: KILMER, CHARLES R
Address: 15413 GERKIN AVE
City-St-Zip: LAWNSDALE, CA 90260

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
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA YARBROUGH

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date