

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000010186

**Entity Name:** HARVEST FOUNDATION INC

**Current Principal Place of Business:**

4399 COMMONS DRIVE E  
SUITE 300E  
DESTIN, FL 32541

**Current Mailing Address:**

4399 COMMONS DRIVE E  
SUITE 300E  
DESTIN, FL 32541 US

**FEI Number:** 35-1976771

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MIELKE, BLAIR C  
221 SCENIC GULF DR  
UNIT 440  
MIRAMAR BEACH, FL 32550 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MIELKE, BLAIR C  
Address 221 SCENIC GULF DR UNIT 440  
City-State-Zip: MIRAMAR BEACH FL 32550

Title VP  
Name CONNIE, MIELKE  
Address 221 SCENIC GULF DR UNIT 440  
City-State-Zip: MIRAMAR BEACH FL 32550

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BLAIR MIELKE

**PRESIDENT**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date