

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005309

FILED  
Feb 12, 2007  
Secretary of State

Entity Name: HARVEST FOR HUMANITY CORP.

**Current Principal Place of Business:**

1170 HARVEST DRIVE  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

1170 HARVEST DRIVE  
IMMOKALEE, FL 34142

**New Mailing Address:**

FEI Number: 36-4234882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: NOGAJ, RICHARD J  
Address: 1170 HARVEST DRIVE  
City-St-Zip: IMMOKALEE, FL 34142

Title: VCST ( ) Delete  
Name: NOGAJ, FLORENCE A  
Address: 1170 HARVEST DRIVE  
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete  
Name: ARZOLA, JESSE  
Address: 200 W. FRONT ST  
City-St-Zip: WHEATON, IL 60187

Title: D ( ) Delete  
Name: HOLLENBECK, ALAN J  
Address: 200 W. FRONT STREET  
City-St-Zip: WHEATON, IL 60187

Title: D ( ) Delete  
Name: DIGIOVANNI, CHARLES CPA  
Address: 12206 S. HARLEM AVENUE  
City-St-Zip: WORTH, IL 60482

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE A. NOGAJ

MS.

02/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date