

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90234 003 \*\*\*\*70.00

DOCUMENT # F98000005309



1. Entity Name  
 HARVEST FOR HUMANITY CORP.

Principal Place of Business  
 213 S. WHEATON  
 WHEATON, IL 60187

Mailing Address  
 213 S. WHEATON  
 WHEATON, IL 60187



2. Principal Place of Business  
 1170 HARVEST DRIVE

3. Mailing Address  
 1170 HARVEST DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-NP CR2E037 (10/03)

City & State  
 IMMOKALEE, FL

City & State  
 IMMOKALEE, FL

4. FEI Number  
 36-4234882

Applied For  
 Not Applicable

Zip 34142 Country USA

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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP NOGAJ, RICHARD J 213 S. WHEATON WHEATON, IL 60187 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST NOGAJ, FLORENCE A 213 S. WHEATON WHEATON, IL 60187 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARZOLA, JESSE 200 W. FRONT ST WHEATON, IL 60187 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RENE G. HERNANDEZ 1170 HARVEST DRIVE IMMOKALEE, FL 34142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES DI GIOVANNI, C.P.A. 11220 S. HARLEM AVE. WORTH, IL 60482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALAN HOLLENBECK RJN GROUP INC. 200 W. FRONT STREET WHEATON, IL 60187 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1170 HARVEST DRIVE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1170 HARVEST DRIVE IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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 617, 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: Hounee Q. Nojaj, FLORENCE A. NOGAJ 04.26.04 239.657.4888