

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008375

**Entity Name:** HARVEST TIME ENCOUNTERS, INC.

**Current Principal Place of Business:**

4530 BOTANICAL PLACE CIRCLE  
303  
NAPLES, FL 34112

**Current Mailing Address:**

4530 BOTANICAL PLACE CIRCLE  
303  
NAPLES, FL 34112 US

**FEI Number:** 20-3232035

**Certificate of Status Desired:** No

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

HOOVER, HOWARD LEON  
4530 BOTANICAL PLACE CIRCLE  
303  
NAPLES, FL 34112 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:** HOWARD LEON HOOVER

03/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name HOOVER, HOWARD L  
Address 4530 BOTANICAL PLACE CIRCLE  
303  
City-State-Zip: NAPLES FL 34112

Title FINANCIAL SECRETARY  
Name HOOVER, PAULA ELISE  
Address 4530 BOTANICAL PLACE CIRCLE  
303  
City-State-Zip: NAPLES FL 34112

Title BOARD ADVISOR  
Name CARRICO, ABEL  
Address 306 PARK STREET  
City-State-Zip: GREENEVILLE TN 37743

Title BOARD ADVISOR  
Name CARRICO, VICTORIA NICOLE  
Address 306 PARK ST  
City-State-Zip: GREENEVILLE TN 37743

*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:** HOWARD LEON HOOVER

EXECUTIVE DIRECTOR

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date