John R. Ashcroft Secretary of State
2017-2018 BIENNIAL REGISTRATION REPORT
NONPROFIT

N00677757
Date Filed: 6/22/2017
John R. Ashcroft
Missouri Secretary of State

☑ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

***SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: **8/31/2017**

N00677757
Harvest Foundation, Inc.
BRUCE LAWRENCE
250 NORTH KINGSHIGHWAY
SIKESTON MO 63801

ORGANIZED UNDER THE LAWS OF:
Missouri

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:** *

801 Hamilton (Required)
STREET

PO Box 124
STREET

Vanduser MO 63784
CITY / STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**

☐ The new registered agent _____

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address _____

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS — **A**

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **MUST LIST PRESIDENT AND SECRETARY BELOW**

PRESIDENT	**McElwrath, Dennis L.**
STREET	**801 Hamilton**
	PO Box 124
CITY/STATE/ZIP	**Vanduser MO 63784**
SECRETARY	**Wood, Tony**
STREET	**801 Hamilton**
	PO Box 124
CITY/STATE/ZIP	**Vanduser MO 63784**
TREASURER	**Wood, Tony**
STREET	**801 Hamilton**
	PO Box 124
CITY/STATE/ZIP	**Vanduser MO 63784**
STREET	
CITY/STATE/ZIP	

BOARD OF DIRECTORS — **B** *

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **MUST LIST AT LEAST THREE DIRECTORS BELOW**

NAME	**McElwrath, Dennis J.**
STREET	**801 Hamilton**
	PO Box 124
CITY/STATE/ZIP	**Vanduser MO 63784**
NAME	**McElwrath, Dennis L.**
STREET	**801 Hamilton**
	PO Box 124
CITY/STATE/ZIP	**Vanduser MO 63784**
NAME	**Wood, Tony**
STREET	**801 Hamilton**
	PO Box 124
CITY/STATE/ZIP	**Vanduser MO 63784**
NAME	**Euland, Isaiah**
STREET	**801 Hamilton**
	PO Box 124
CITY/STATE/ZIP	**Vanduser MO 63784**

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here **Dennis L. McElwrath** (Required)

Please print name and title of signer: **Dennis L. McElwrath** / **President**
NAME TITLE

REGISTRATION REPORT FEE IS:
__$20.00 If filed on or before 8/31/2017
__$25.00 If filed after 9/30/2017

Corporation will be administratively dissolved if report is not filed by 11/29/2019

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

John R. Ashcroft Secretary of State

2017-2018 BIENNIAL REGISTRATION REPORT

NONPROFIT

N00677757
Harvest Foundation, Inc.
BRUCE LAWRENCE
250 NORTH KINGSHIGHWAY
SIKESTON MO 63801

	OFFICERS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	BOARD OF DIRECTORS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
	- STREET CITY/STATE/ZIP	***DIR.*** STREET CITY/STATE/ZIP **Ellerbrock, Chuck H.** **801 Hamilton PO Box 124** **Vanduser MO** **63784**
3		***DIR.*** STREET CITY/STATE/ZIP **Spencer, Trevor** **801 Hamilton PO Box 124** **Vanduser MO** **63784**
		DIR. STREET CITY/STATE/ZIP **Jones, Justin** **801 Hamilton PO Box 124** **Vanduser MO** **63784**

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102