

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000002617

Entity Name: HEALING THROUGH THE SOUND OF MUSIC, INC.

Current Principal Place of Business:

637 NORTHLAKE BLVD
ALTAMONTE SPRINGS, FL 32716

Current Mailing Address:

321 MONTGOMERY RD., UNIT 163185
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 84-5031474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOYO, MZURI
637 NORTHLAKE BLVD
ALTAMONTE SPRINGS, FL 32716 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 CEO
Name MOYO, MZURI
Address 637 NORTHLAKE BLVD
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title SECRETARY
Name FRANKLIN, KAREN
Address 1705 OLD DRUMMER BOY RD
City-State-Zip: FORT WASHINGTON MD 20744

Title TREASURER
Name DJEHUTY SE HOTEPE
Address 637 NORTHLAKE BLVD
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DIRECTOR
Name ROSENBERG, MIMI ESQ.
Address 363 14TH STREET
City-State-Zip: BROOKLYN NY 11215

Title DIRECTOR
Name WILLIAMS, EFAYE ESQ.
Address 1251 4TH STREET, SW
City-State-Zip: WASHINGTON DC 20024

Title DIRECTOR
Name BROWN, CASSANDRA ESQ
Address 9624 SEAVIEW DRIVE
206
City-State-Zip: LEESBURG FL 34788

Title DIRECTOR
Name RIVERS, VOZA
Address 229 W 135TH
City-State-Zip: NEW YORK NY 10030

Title DIRECTOR
Name MINKINS, ANDRE
Address 5 FLEMING TERRACE CR
City-State-Zip: GREENSBORO NC 27410

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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: DJEHUTY SE HOTEPE

TREASURER

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRASER, RHONE PHD
Address RHONE.FRASER@GMAIL.COM
City-State-Zip: ATLANTA GA