

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001678

Entity Name: MUSIC FOR HEALING AND TRANSITION PROGRAM, INC.**Current Principal Place of Business:**1305 BALLESTEROS DRIVE
THE VILLAGES, FL 32162**Current Mailing Address:**1305 BALLESTEROS DRIVE
THE VILLAGES, FL 32162 US**FEI Number: 76-0465171****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SPEARS, CAROL J
1305 BALLESTEROS DRIVE
THE VILLAGES, FL 32162 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	SPEARS, CAROL JEANETTE
Address	1305 BALLESTEROS DRIVE
City-State-Zip:	THE VILLAGES FL 32162

Title	DIRECTOR
Name	BECKMAN, CHARLES
Address	4540 BRIGHTON VIEW TRAIL
City-State-Zip:	CUMMING GA 30040

Title	PRESIDENT
Name	BROWN, ANGELA
Address	7 RANDOLPH HILL ROAD
City-State-Zip:	RANDOLPH NH 03593

Title	DIRECTOR
Name	LEWIS, MARTHA
Address	1007 CYPRESS STATION 2207
City-State-Zip:	HOUSTON TX 77090

Title	SECRETARY
Name	CULLEN, KIMBERLY
Address	C/O JUDY CULLEN 11275 EMERALD COAST PARKWAY SUITE 4-416
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	TREASURER
Name	ROSEN, HOWARD
Address	26440 BLACK OAK DRIVE
City-State-Zip:	VALENCIA CA 91381

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: CAROL J. SPEARS**CHIEF EXECUTIVE
OFFICER****01/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date