

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001678

**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC7998864567**

**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 ED  
Name WYBLE, JOHN DR.  
Address 127 SMITH ROAD  
City-State-Zip: FRANKLINTON LA 70438

Title OTHER  
Name SPEARS, CAROL J  
Address 1305 BALLESTEROS DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title VP  
Name SNYDER, KRIS  
Address P.O. BOX 127, 7913 GLEN ECHO ROAD  
City-State-Zip: GLENVILLE PA 17329

Title D  
Name HIX, DEBBY  
Address 1295 NELLIES CAVE ROAD  
City-State-Zip: BLACKSBURG VA 24060

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

Title S  
Name KRYSIAK, SUSAN  
Address 894 BARRYMOORE LOOP  
City-State-Zip: THE VILLAGES FL 32162

Title D  
Name PETERSON, KAREN  
Address 28 ELIZABETH STREET  
City-State-Zip: JERSEY CITY NJ 07306

Title D  
Name COLLINS, DAWN  
Address 87 SUNSET DRIVE  
City-State-Zip: STAYVESANT NY 12173

**Continues on page 2**

*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

**PROGRAM DIRECTOR**

**03/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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