

2018 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	ED
Name	WYBLE, JOHN DR.
Address	127 SMITH ROAD
City-State-Zip:	FRANKLINTON LA 70438

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

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

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

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

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

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

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

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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: 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