

2019 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:** No**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 D
Name HIX, DEBBY
Address 1295 NELLIES CAVE ROAD
City-State-Zip: BLACKSBURG VA 24060

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

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

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

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

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

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: JOHN E WYBLE**EXECUTIVE DIRECTOR****04/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date