FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:10

DOCUMENT # **705565** **(0)**

1. Corporation Name

HARMONY METAPHYSICAL CHURCH, INC.

Principal Place of Business	Mailing Address
2517 W. HENRY AVENUE TAMPA FL 33614	2517 W. HENRY AVENUE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1963
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-6173184 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X ☒ X **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes X ☒ No

9. Name and Address of Current Registered Agent

GUERRA DONNA JEANNE REV
2517 W HENRY AVE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Rev. Donna J. Guerra 4-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	RALL, ROBERT J., REV	1.2 NAME		
STREET ADDRESS	6860 GULFPORT BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE	T	XX Change ☐ Addition
NAME	CAREAU, KAREN	2.2 NAME	Wayne Tankersley	
STREET ADDRESS	8725 DEL REY CT #15H	2.3 STREET ADDRESS	8730 N. Himes Ave	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL. 33614	
TITLE	MCD	3.1 TITLE		☐ Change ☐ Addition
NAME	GUERRA, DONNA JEAN REV	3.2 NAME		
STREET ADDRESS	2517 W HENRY AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE		☐ Change ☐ Addition
NAME	DEVERA, DIANE	4.2 NAME		
STREET ADDRESS	7015 ALTURAS COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	ECHEVERRIA, JEAN	5.2 NAME		
STREET ADDRESS	3416 S VIRGINIA CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Donna Jeanne Guerra 4-6-95 813-872-0295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064243