


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705565

1. Corporation Name

HARMONY METAPHYSICAL CHURCH, INC.

Principal Place of Business

2517 W. HENRY AVENUE
TAMPA FL 33614

Mailing Address

2517 W. HENRY AVENUE
TAMPA FL 33614

FILED

99 MAR 29 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/07/1963
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-6173184
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERRA DONNA JEANNE REV
2517 W HENRY AVE
TAMPA FL 33614

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Rev. Donna J. Guerra

(NOTE: Registered Agent signature required when reinstating)

Rev. D. Guerra

1-20-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	RALL, ROBERT J., REV	1.2 NAME	GUERRA, MARIO
STREET ADDRESS	6880 GULFPORT BLVD	1.3 STREET ADDRESS	2519 W. HENRY AVE
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	MCD	2.1 TITLE	
NAME	GUERRA, DONNA JEAN REV	2.2 NAME	700002830327-2
STREET ADDRESS	2517 W HENRY AVE	2.3 STREET ADDRESS	-04/06/99--01031--000
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VPD	3.1 TITLE	
NAME	DEVERA, DIANE	3.2 NAME	
STREET ADDRESS	7015 ALTURAS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	ECHEVERRIA, JEAN	4.2 NAME	
STREET ADDRESS	3416 S VIRGINIA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	VPD
NAME	WILHELM, JEANNE H. REV.	5.2 NAME	Wilhelm, Jeanne H. Rev.
STREET ADDRESS	3611 S HESPRIDES CIR	5.3 STREET ADDRESS	2603 1/2 W. Henry Ave
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Rev. D. Guerra

1-20-99 1-813-872-0295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037 (11/98)

0050640