

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91171 033 ****61.25

DOCUMENT # 705565

1. Entity 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

771368



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6173184

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUERRA DONNA JEANNE REV
2517 W HENRY AVE
TAMPA FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Rev. D. Guerra

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RALL, ROBERT J., REV	
STREET ADDRESS	6860 GULFPORT BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	MCD	<input type="checkbox"/> Delete
NAME	GUERRA, DONNA JEAN REV	
STREET ADDRESS	2517 W HENRY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUERRA, MARIO	
STREET ADDRESS	2519 W. HENRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ECHVERRIA, JEAN	
STREET ADDRESS	3416 S VIRGINIA CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILHELM, JEANNE H REV	
STREET ADDRESS	2603 1/2 W. HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with such changes with full other like empowered.

SIGNATURE: **Rev. Donna Jeanne Guerra**

5-01-01 813-8729612

CR2E037 (10/00)