

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705565

FILED
Feb 27, 2004
Secretary of State**Entity Name:** HARMONY METAPHYSICAL CHURCH, INC.**Current Principal Place of Business:**2517 W. HENRY AVENUE
TAMPA, FL 33614**New Principal Place of Business:****Current Mailing Address:**2517 W. HENRY AVENUE
TAMPA, FL 33614**New Mailing Address:****FEI Number:** 59-6173184**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GUERRA DONNA JEANNE REV
2517 W HENRY AVE
TAMPA, FL 33614 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILHELM, REV. JEANNE H
Address: 2606 W. HENRY AVE.
City-St-Zip: TAMPA, FL 33614

Title: TD () Delete
Name: RALL, REV. ROBERT J
Address: 2517 W HENRY AVE
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: GUERRA, MARIO
Address: 2519 W. HENRY AVENUE
City-St-Zip: TAMPA, FL 33614

Title: TD () Delete
Name: ECHEVERRIA, JEAN
Address: 3416 S VIRGINIA CT
City-St-Zip: TAMPA, FL

Title: VPD () Delete
Name: WILHELM, JEANNE H REV
Address: 2603 1/2 W. HENRY AVE
City-St-Zip: TAMPA, FL 33614

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD () Change (X) Addition
Name: GUERRA, DONNA J REV.
Address: 3028 SUNSET VISTA DRIVE
City-St-Zip: SPRING HILL, FL 34607

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: REV. DONNA J. GUERRA

MD

02/27/2004

Electronic Signature of Signing Officer or Director

Date