

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90146 037 \*\*\*\*61.25

**DOCUMENT # 705565**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6173184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REV. JEANNE H Wilhelm</b>	
STREET ADDRESS	<b>2606 W. HENRY AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RALL, ROBERT J., Rev</b>	
STREET ADDRESS	<b>6860 GULFPORT BLVD</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG, FL.</b>	
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 an address, with all other like empowered.

SIGNATURE: **Rev. Donna Jeanne Guerra**

**Rev. J. Guerra 6-13-03 0295**

CR2E037 (10/02)