


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 724812 (3)			
1. Corporation Name HARMONY EDUCATION CENTER, INC.			
Principal Place of Business % 111 N. ORANGE AVE. SUITE 1100 ORLANDO FL 32801		Mailing Address % 111 N. ORANGE AVE. SUITE 1100 ORLANDO FL 32801	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1972		3a. Date of Last Report 03/04/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1448961		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent RAFT, CAROLE 7036 NANDINA LANE TAMARAC FL 33321				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 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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, HENRIETTA C.	1.2 NAME	
STREET ADDRESS	376 WALKER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE, NC.	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, EVELYN	2.2 NAME	
STREET ADDRESS	3700 CURRY FORD RD. S28	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBAL, GLEN	3.2 NAME	
STREET ADDRESS	376 WALKER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE NC	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERS, ROBERT, JR.	4.2 NAME	TD
STREET ADDRESS	161 HOWELL ROAD	4.3 STREET ADDRESS	ANTONY SANTANGELO
CITY-ST-ZIP	WAYNESVILLE NC	4.4 CITY-ST-ZIP	376 WALKER RD.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, B.J.	5.2 NAME	
STREET ADDRESS	161 HOWELL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE NC	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFT, CAROLE	6.2 NAME	
STREET ADDRESS	7036 NANDINA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

H. G. BESSEMER *REQUIRED* **J. C. Bessemer** 704-452-1056
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077855

CR2E037 (9/96)