

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90211 021 ****61.25

DOCUMENT # 724812 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1448961	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAFT, CAROLE 7036 NANDINA LANE TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name STAN C REEL Street Address (P.O. Box Number is Not Acceptable) 111 N. Orange Avenue, Suite 1100 City Orlando FL Zip Code 32801		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P BESSEMER, HENRIETTA C 240 HARMONY HILL LANE WAYNESVILLE, NC	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOGAN, EVELYN 240 HARMONY HILL LANE WAYNESVILLE, NC	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUBAL, GLEN 158 HARMONY HILL LANE WAYNESVILLE, NC	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURFE, DEE 378 TRAIL GAP DRIVE WAYNESVILLE, NC 28786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROVECAMP, FREDRICK 158 HARMONY HILL LANE WAYNESVILLE, NC 28786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFT, CAROL 7036 NANDINA LANE TAMARAC, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GORDON KELGORE 158 Harmony Hill Lane Waynesville, NC 28786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Henderson 217 Paragon Parkway Waynesville, NC 28721	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Carol 217 Paragon Parkway Waynesville, NC 28721	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STAN C REEL 111 N. Orange Avenue Suite 1100 Orlando Florida 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: H. C. Bessemer <i>Director</i> 4-28-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					