

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724812

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** HARMONY EDUCATION CENTER, INC.

**Current Principal Place of Business:**

240 HARMONY HILL LANE  
WAYNESVILLE, NC 28786 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1339  
WAYNESVILLE, NC 28786 US

**New Mailing Address:**

240 HARMONY HILL LANE  
WAYNESVILLE, NC 28786 US

**FEI Number:** 59-1448961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CREEL, STAN  
111 N ORANGE AVE.  
STE. 1100  
ORLANDO, FL 32801 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: P ( ) Delete  
Name: BESSEMER, HENRIETTA C  
Address: 240 HARMONY HILL LANE  
City-St-Zip: WAYNESVILLE, NC 28721

Title: VP ( ) Delete  
Name: KILGORE, GORDON  
Address: 217 PARAGON PKWY, #156  
City-St-Zip: CLYDE, NC 28786

Title: TD ( ) Delete  
Name: HENDERSON, BARBARA  
Address: 217 PARAGON PKWY, #156  
City-St-Zip: CLYDE, NC 28721

Title: SD (X) Delete  
Name: BROWN, PAMELA  
Address: 217 PARAGON PKWY, #156  
City-St-Zip: CLYDE, NC 28721

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPSD (X) Change ( ) Addition  
Name: KILGORE, GORDON  
Address: 217 PARAGON PKWY, #156  
City-St-Zip: CLYDE, NC 28721

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: H.C. BESSEMER

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date