SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:02

DOCUMENT # 731948 **(6)**

1. Corporation Name
CHURCH OF THE COSMIC HARMONY, INC.

Principal Place of Business	Mailing Address
7241 12TH AVE NORTH ST PETERSBURG FL 33710	7241 12TH AVE NORTH ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1975
3a. Date of Last Report: 10/10/1994
4. FEI Number: 51-0167235 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LUCKWELL, JUDI
7241 12TH AVE NO
ST PETERSBURG FL 33710

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 Judi Luckwell DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	☐ Change ☐ Addition
NAME	KRYS KELLY	12 NAME	
STREET ADDRESS	1012 59TH ST SO.	13 STREET ADDRESS	
CITY-ST-ZIP	GULF PORT FL 33707	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	LUCKWELL, JUDI	22 NAME	
STREET ADDRESS	7241 12TH AVE N	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	24 CITY-ST-ZIP	
TITLE	TDV	31 TITLE	☐ Change ☐ Addition
NAME	PIPER KELLEY	32 NAME	
STREET ADDRESS	1012 59TH ST SO.	33 STREET ADDRESS	
CITY-ST-ZIP	GULF PORT FL 33707	34 CITY-ST-ZIP	
TITLE	PS	41 TITLE	☐ Change ☐ Addition
NAME	DERRICK HOPSTER	42 NAME	
STREET ADDRESS	7241 12th Ave No	43 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☐ Change ☐ Addition
NAME	EMILY HAGAN	52 NAME	
STREET ADDRESS	9300 GULF BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BCH FL 33	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	ROBERT MAC LAUREN	62 NAME	
STREET ADDRESS	7241 12th AV No	63 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Judi Luckwell P D 6/15/95 (813) 345-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013600