

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90078 048 \*\*\*\*61.25

0055749

**DOCUMENT # 812264**

1. Corporation Name

**THE UNIVERSAL HARMONY FOUNDATION**

Principal Place of Business

5903 SEMINOLE BLVD.  
SEMINOLE FL 33772  
US

Mailing Address

5903 SEMINOLE BLVD  
SEMINOLE FL 34642  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/10/1957

4. FEI Number

23-7023625

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

9. Name and Address of Current Registered Agent

CASTILLO, NANCY  
5903 SEMINOLE BLVD  
SEMINOLE FL 34642

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 *Nancy Castillo ST Rev Nancy Castillo ST*

1/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME WILHEMENA, FUHRMAN -D  
STREET ADDRESS 1908 EAST VIEW DRIVE  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE D ☐ DELETE  
NAME SUMMERS, DIANE  
STREET ADDRESS 2141 RIDGE ROAD  
CITY-ST-ZIP LARGO FL

TITLE ST ☐ DELETE  
NAME CASTILLO, NANCY -M  
STREET ADDRESS 5903 SEMINOLE BOULEVARD  
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE  
NAME WILHELM, JEANNE H  
STREET ADDRESS 3611 SOUTH HESPERIDES  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME GUERNA DONNA  
STREET ADDRESS 2517 W HENRY AVE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME Olivia E. Hewell  
STREET ADDRESS 136 71 Pinecrest Dr.  
CITY-ST-ZIP Largo, FL 33774

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Rev. Jeanne Wilhelm  
1.3 STREET ADDRESS 3611 South Hesperides  
1.4 CITY-ST-ZIP Tampa, FL 33629

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Diane Summers  
2.3 STREET ADDRESS 3303 W. 8th Elliecott St.  
2.4 CITY-ST-ZIP Tampa, FL 33614

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ~~Rev.~~ - President ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE Vice-President ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Nancy Castillo* *Rev Nancy Castillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

Date

227-392-7725

Daytime Phone #

CR2E037 (11/98)