2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 812264

1. Entity Name
THE UNIVERSAL HARMONY FOUNDATION

Principal Place of Business	Mailing Address
5903 SEMINOLE BLVD. SEMINOLE, FL 33772 US	5903 SEMINOLE BLVD SEMINOLE, FL 34642 US

01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7023625
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, NANCY
5903 SEMINOLE BLVD
SEMINOLE, FL 34642

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILHEIM, JEANNE REV.
STREET ADDRESS	2519 W. HENRY
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	SUMMERS, DIANE
STREET ADDRESS	3303 W. ELLICOTT ST
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	ST
NAME	CASTILLO, NANCY -M
STREET ADDRESS	5903 SEMINOLE BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	VP
NAME	GUERNA DONNA
STREET ADDRESS	2517 W HENRY AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	HEWELL, OLIVIA B REV
STREET ADDRESS	10801 STARKEY RD. #PMB 104-29
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/04-60003-014 61.25

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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: Rev. Nancy Castillo Rev. Nancy Castillo 1/20/04 727-392-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #