


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90050 007 \*\*\*\*61.25

<b>DOCUMENT # 812264</b> 1. Entity Name <b>THE UNIVERSAL HARMONY FOUNDATION</b>					
Principal Place of Business <b>5903 SEMINOLE BLVD.</b> <b>SEMINOLE, FL 33772 US</b>			Mailing Address <b>5903 SEMINOLE BLVD</b> <b>SEMINOLE, FL 34642 US</b>		
2. Principal Place of Business		3. Mailing Address <i>5903 Seminole Blvd.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Seminole, Florida</i>			
City & State		City & State <i>Pinellas</i>			
Zip		Country		Zip <b>33772</b>	
Country		Country <i>Pinellas</i>		4. FEI Number <b>23-7023625</b>	
5. Certificate of Status Desired <input type="checkbox"/>		02042005 Chg-NP		CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>CASTILLO, NANCY</b> <b>5903 SEMINOLE BLVD</b> <b>SEMINOLE, FL 34642</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>WILHEIM, JEANNE REV.</b> <b>2519 W. HENRY</b> <b>TAMPA, FL 33614</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SUMMERS, DIANE</b> <b>3303 W. ELLICOTT ST</b> <b>TAMPA, FL 33614</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>CASTILLO, NANCY -M</b> <b>5903 SEMINOLE BOULEVARD</b> <b>SEMINOLE, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>GUERNA DONNA</b> <b>2517 W HENRY AVE</b> <b>TAMPA, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>HEWELL, OLIVIA E REV</b> <b>10801 STARKEY RD. #PMB 104-29</b> <b>LARGO, FL 33777</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Ruby Coleman</b> <b>6236 Gretna Green Ct.</b> <b>Pinellas Park, FL 33781</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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.					
<b>SIGNATURE:</b> <i>Nancy M. Castille - NANCY M. Casti</i>			02/07/05 727-392-7725		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		