

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90048 026 ****61.25

DOCUMENT # 812264

1. Entity Name

THE UNIVERSAL HARMONY FOUNDATION

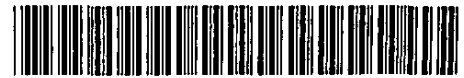


Principal Place of Business

5903 SEMINOLE BLVD.
SEMINOLE FL 33772
US

Mailing Address

5903 SEMINOLE BLVD.
SEMINOLE FL 33772
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

CASTILLO, NANCY
5903 SEMINOLE BLVD
SEMINOLE FL 34642

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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-

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILHEIM, JEANNE REV.	<i>Deceased</i>
STREET ADDRESS	2519 W. HENRY	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, RUBY	
STREET ADDRESS	6236 GRETNA GREEN CT	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CASTILLO, NANCY -M	
STREET ADDRESS	5903 SEMINOLE BOULEVARD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GUERNA DONNA	
STREET ADDRESS	2517 W HENRY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEWELL, OLIVIA E REV	
STREET ADDRESS	10801 STARKEY RD. #PMB 104-29	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	P	<input type="checkbox"/> Delete
NAME	<i>Zuknig, Gloria</i>	
STREET ADDRESS	<i>338 Roosagap Rd.</i>	
CITY-ST-ZIP	<i>Bloomington, N.Y. 12721</i>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>President</i>	
STREET ADDRESS	<i>Guerra, Donna</i>	
CITY-ST-ZIP	<i>2517 W. Henry Ave.</i>	
	<i>Tampa, FL</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VP</i>	
STREET ADDRESS	<i>Hewell, Olivia</i>	
CITY-ST-ZIP	<i>10801 Starkey Rd. #PMB 104-29</i>	
	<i>Largo, FL 33777</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Nancy M. Castillo* *Nancy M. Castillo* *2/7/06* *727-392-7725*