

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

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



02212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
23-7023625

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTILLO, NANCY
5903 SEMINOLE BLVD
SEMINOLE, FL 34642

DO NOT WRITE
IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	COLEMAN, RUBY
STREET ADDRESS	6236 GRETNA GREEN CT
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	STC
NAME	CASTILLO, NANCY -M
STREET ADDRESS	5903 SEMINOLE BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	PD
NAME	GUERNA DONNA
STREET ADDRESS	2517 W HENRY AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	VPD
NAME	HEWELL, OLIVIA E REV
STREET ADDRESS	10801 STARKEY RD. #PMB 104-29
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/08-80040-014 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08 **727-392-7725**

Date

Daytime Phone #