

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812264

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE UNIVERSAL HARMONY FOUNDATION

Current Principal Place of Business:

5903 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

5903 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 23-7023625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, NANCY
5903 SEMINOLE BLVD
SEMINOLE, FL 34642 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: COLEMAN, RUBY
Address: 6236 GRETN GREEN CT
City-St-Zip: PINELLAS PARK, FL 33781

Title: STC () Delete
Name: CASTILLO, NANCY -M,
Address: 5903 SEMINOLE BOULEVARD
City-St-Zip: SEMINOLE, FL

Title: PD () Delete
Name: GUERNA DONNA,
Address: 2517 W HENRY AVE
City-St-Zip: TAMPA, FL

Title: VPD () Delete
Name: HEWELL, OLIVIA E REV
Address: 10801 STARKEY RD. #PMB 104-29
City-St-Zip: LARGO, FL 33777

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STC (X) Change () Addition
Name: CASTILLO, NANCY -M,
Address: 5903 SEMINOLE BOULEVARD
City-St-Zip: SEMINOLE, FL 33772

Title: PD (X) Change () Addition
Name: GUERNA DONNA,
Address: 2517 W HENRY AVE
City-St-Zip: TAMPA, FL 33614

Title: VPD (X) Change () Addition
Name: HEWELL, OLIVIA E REV
Address: 8137 ELIZABETH LN.
City-St-Zip: LARGO, FL 33777

Title: T () Change (X) Addition
Name: ZUKRIGL, GLORIA
Address: 338 ROOSA GAP RD.
City-St-Zip: BLOOMINGBURG, NY 12721

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY CASTILLO

STC

01/30/2009

Electronic Signature of Signing Officer or Director

Date