2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N01000001828

Entity Name: HARMONY CULTURAL DEVELOPMENT CORPORATION

Current Principal Place of Business:

1645 N WEBSTER AVE
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1645 N WEBSTER AVE
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-3708195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAUDLE, STEVE
7419 FLORAL CIRCLE EAST
LAKELAND, FL 33810 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: PD ( ) Delete
Name: CAUDLE, STEVE A
Address: 7419 FLORAL CIRCLE EAST
City-St-Zip: LAKELAND, FL 33810

Title: SD ( ) Delete
Name: FIGGS, HELEN
Address: 4284 MORTON COURT
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete
Name: COLLINS, YOLANDA
Address: 1723 BELLA VISTA ST.
City-St-Zip: LAKELAND, FL 33810

Title: VPD ( ) Delete
Name: ALCOX, MELINDA
Address: 302 CORONA DEL MAR
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YOLONDA COLLINS TD 05/01/2005

Electronic Signature of Signing Officer or Director Date