

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000009955

1. Entity Name
HARMONY HOLISTIC HEALING CENTER INC.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90972 039 ****61.25

Principal Place of Business
**2149 BONNIE DRIVE
WEST PALM BEACH, FL 33415**

Mailing Address
**2149 BONNIE DRIVE
WEST PALM BEACH, FL 33415**

2. Principal Place of Business
10250 N.E. 110th Street
Suite, Apt. #, etc.

3. Mailing Address
10250 NE 110th Street
Suite, Apt. #, etc.



04212005 Chg-NP CR2E037 (10/03)

City & State
Archer, Florida
Zip **32618** Country **Levy**

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Archer, Florida
Zip **32618** Country **Levy**

4. FEI Number
50-0001386
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CAMP, FRANCINE
2149 BONNIE DRIVE
WEST PALM BEACH, FL 33415**

7. Name and Address of New Registered Agent
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

Filing Fee is \$61.25
Due by May 1, 2005

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 NAME STREET ADDRESS CITY - ST - ZIP	P CAMP, FRANCINE 2149 BONNIE DRIVE WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Francine Camp - Francine Camp **4/25/05 (56) 254-4798**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **executive director** Daytime Phone #