

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009955

FILED
Apr 29, 2009
Secretary of State

Entity Name: HARMONY HOLISTIC HEALING CENTER INC.

Current Principal Place of Business:

10691 NE 109TH STREET
ARCHER, FL 32618 US

New Principal Place of Business:

10250 NE 110TH STREET
ARCHER, FL 32618 US

Current Mailing Address:

10691 NE 109TH STREET
ARCHER, FL 32618 US

New Mailing Address:

10250 NE 110TH STREET
ARCHER, FL 32618 US

FEI Number: 50-0001386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMP, FRANCINE
10250 NE 110TH STREET
ARCHER, FLA., FL 32618 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: P () Delete
Name: CAMP, FRANCINE
Address: 10250 NE 110 ST
City-St-Zip: ARCHER, FL 32618

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMP, FRANCINE P.
Address: 10250 NE 110 ST
City-St-Zip: ARCHER, FL 32618 US

Title: VP () Change (X) Addition
Name: HULL, WILLIAM VP
Address: 10250 NE 110TH STREET
City-St-Zip: ARCHER, FL 32618 US

Title: T () Change (X) Addition
Name: MILLER, DEBBIE T
Address: 9151 NE 102ND COURT
City-St-Zip: BRONSON, FL 32621 US

Title: S () Change (X) Addition
Name: FIE, MAUREEN E S
Address: 8891 NE 120TH AVE.
City-St-Zip: BRONSON, FL 32621 US

Title: E.D. () Change (X) Addition
Name: CAMP, FRANCINE E.D.
Address: 10250 NE 110TH STREET
City-St-Zip: ARCHER, FL 32618 US

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: FRANCINE CAMP

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date