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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48615

(1)

WORLD HARMONY PROJECT INC.

FILED
May 29 1997 8:00am
Secretary of State

D: : : : : :	- 10	A B - 11' a A -1 -1				-	
Principal Place of Business Mailing Address							
PO BOX 15464 PO BOX 15464 GAINESVILLE FL 32604-5464 GAINESVILLE FL 32604-5464							
					3. Date Incorporated or Qualified 04/27/1992	3a. Date of Last R 04/19/198	eport 16
2. Principal Place of Business 28. Mailing Ac			ddress		4. FEI Number 59-3118616	Applied For Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				£0.75			
27					5. Certificate of Status Desired	4	equired
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	28 Zip	Coun	trv	This corporation has flability for in		
24	25	29	30	,		Yes ZaNo	. 198.032,
	9. Name and Address of Curre		T		10. Name and Address of New Reg		
			8	1 Name		· · · · · · · · · · · · · · · · · · ·	
GENOVE	SE, DENNIS E		. ا	12 Street Add	drana (B.O. Boy Number is Not Assentable	۵)	
1703 SW 35TH PL			*	STIBBL ACC	dress (P.O. Box Number is Not Acceptable	0)	
GAINESVILLE FL 32608			ē	13			
			ε	4 City		85 Zip	Code
				<u></u>		FL B Zip	
agent. La SIGNATURE	arri familiar with, and accept the obli- Signature, typed or printed name of registered a				rporation submits this statement for the pation's board of directors. I hereby acceptured when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITL	E		Change	Addition
NAME	GENOVESE, DENNIS E		1.2 NAM	(E			
STREET ADDRESS	1703 SW 35TH PL			EET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL	DELETE		-ST-ZIP		Change	Addition
TITLE	SD HANBURRY, SUSAN	☐ nereie	2.1 TITL	1	•	Change	L AUGILION
NAME STREET ADDRESS	P.O. BOX 1104		2.2 NAA	EET ADDRESS	Fig. 1 The Grand State of Stat	a sam bows.	
CITY-ST-ZIP	MELROSE FL			Y-ST-ZIP			
TIFLE	D	DELETE	3.1 TITL			☐ Change	Addition
NAME	GENOVESE, LINDA		3.2 NAA	AÉ .			- -
STREET ADDRESS	1703 SW 35TH PL		3.3 STR	EET ADDRESS		e.	
CITY-ST-ZIP	GAINESVILLE FL		3.4. CIT	Y-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TITL	E		☐ Change	Addition
NAME	GETTES, DAVID		4. 2 NAJ	ME			
STREET ADDRESS	1		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL	11 50.000		/-ST-ZIP			A distant
TITLE	TD MINICIONE THEODY	☐ DELETE	5.1 TITL		11	Change	Addition
NAME CIOCCI ADDOCCO	MINGIONE, THIERRY 3026 NW 47TH TERRACE		5.2 NAA		•		
STREET ADDRESS	GAINESVILLE FL		1	EET ADORESS	ř		
City-St-ZIP Title	GANTEOVILLE FL	☐ DELETE	5.4 CIT	r-ST-ZIP		Change	Additio
NAME		C pertit	6.2 NAA	ſ	。		La receion
STREET ADDRESS				EET ADDRESS		:	
CITY - \$1 - ZIP				r-St-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
0111-01-2IF	1		0.9 ()	- Q1 - 437			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BROWING OFFICER OR DIRECTOR

Date

Date

Description Process OF DIRECTOR

Description Process OF DIRECTOR