NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N48615

1. Corporation Name

WORLD HARMONY PROJECT INC.

Principal Place of Busine
PO BOX 15464
CAINESVILLE EL 32604

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

PO BOX 15464 GAINESVILLE FL 32604

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90155 015 ****61.25

-	. (11) (1) 	i B. B ah Bahara Bahara Bahara 1884

533547 - 90155 - 15

3. Date Incorporated or Qualifed

04/27/1992

59-3118616

4. FEI Number

THERRY MINGIONE 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change largetared of section 1 an inmitiar with, and accept the obligations of, section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered againt, or both, in the State of Florida, Such change was authorities or registered againt, or both, in the State of Florida, Such change was authorities or registered againt, or both, in the State of Florida, Such change was authorities or registered againt, or both, in the State of Florida, Such change was authorities or registered againt, or both, in the State of Florida, Such change was authorities or registered againt, or both, in the State of Florida, Such change was authorities or registered againt, or both, in the State of Florida, Such change was authorities or registered againt, or both, in the State of Florida, Such change was authorities of the purpose of changing its registered office or registered againt, or both, in the State of Florida, Such change was authorities states. Pursuant to the provisions of Sections 617,0502, Florida Statutes, the elever-named corporation submits this statement for the purpose of changing its registered againt, or both, in the State of Florida, Such change was authorities states. State of City Purpose of	City & Stat	e	City & State			5. Certifcate of Status Desired				ditional
8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City FL 85 Zip Code 15. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 617,0503. Pindia Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and maintain with, and accept the obligations of, Section 617,0503, Pindia Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, and maintain with, and accept the obligations of, Section 617,0503, Pindia Statutes 17. Description of the purpose of changing its registered agent agent, and maintain with, and accept the obligations of, Section 617,0503, Pindia Statutes agent agen	23		28			Go,oct.b o, O.(c).20		Fe	e Req	uired
9. Name and Address of Current Registered Agent THERRY MINGIONE 4019 17TH AVE GAINESVILLE FL 32605 13	~~~~~	Country	Zip	Country		6. Election Campaign Financing		\$5	.00 №	lay Be
THERRY MINGIONE 4019 17TH AVE GAINESVILLE FL 32605 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above and corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of Section 617,0502 and 617,1508, Florida Statutes, the above and the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. As a position of the provision of Section 617,6503, Plorida Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS IN 12 15. OFFICERS AND DIRECTORS IN 12 15. NAME 16. OFFICERS AND DIRECTORS IN 12 15. NAME 16. OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS IN 12 17. NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. NAME 19. DO NOT 15.2P 10. OR 12. NAME 21. NAME 22. NAME 23. STREET AUGRESS 24. CITY-31-2P 10. OR 12. NAME 24. NAME 24. NAME 25. NAME 26. OR 12. NAME 26. OR 12. NAME 27. NAME 28. NAME 28. NAME 29. DELETE 29. NAME	24	25	29	30					ded to	Fees
THIERRY MINGIONE 4019 17TH AVE GAINESVILLE FL 32605 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hanned corporation submits this statement for the purpose of changing its registered agent. an affailiar with, and accept the obligations of, Section 617.0503, Priorida Statutes. SIGNATURE Signature. Special or protest name of registered agent agent and mine (applicable) MOE Repaised Agent signature registered agent signature registered agent signature registered agent. The mine common state of protest name of registered agent agent and mine (applicable) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD. DELETE 1.1 TITLE GENOVESE, DENNIS E 1.2 SAME 1.3 STREET ADDRESS 1.2 SAME 1.2 SAME 1.2 STREET ADDRESS 1.2 SAME 1.2 STREET ADDRESS 1.2 SAME 1.2 STREET ADDRESS 1.2 SAME 1.3 STREET ADDRESS 1.2 SAME 1.2 SAME 1.3 STREET ADDRESS 1.3 SAME 1.3 S		9. Name and Address of Current F	Registered Agent		,	10. Name and Address of New I	Registered /	Agent		
4019 17TH AVE GANNESVILLE FL 32605 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hanned corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the orbigations of, Section 617.0502, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME GENOVESE, DENNIS E 13. TITLE PO OBJ. 15464 N/A 13. STREET ADDRESS GENOVESE, LINDA 13. TITLE 14. ADTY-51-2P 14. ADTY-51-2P 15. TITLE 10. Change Addition Addition Addition Addition Addition Addition Addition TITLE 10. OELETE 3. TITLE 10. Change Addition Additio		_		81	Name					
4019 17TH AVE GANNESVILLE FL 32605 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hanned corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the orbigations of, Section 617.0502, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME GENOVESE, DENNIS E 13. TITLE PO OBJ. 15464 N/A 13. STREET ADDRESS GENOVESE, LINDA 13. TITLE 14. ADTY-51-2P 14. ADTY-51-2P 15. TITLE 10. Change Addition Addition Addition Addition Addition Addition Addition TITLE 10. OELETE 3. TITLE 10. Change Addition Additio	THIERRY I	MINGIONE		82	Street Add	ress (P.O. Box Number is Not Accepta	able)			
GAINESVILLE FL 32605 84 City FL 85 ZIP Code 11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OBOX 15464 N/A GAINESVILLE FL 32604 14.CITY-ST-ZP TITLE SD OBOX DELETE 21 TITLE SD OBOX DELETE 21 TITLE SD OBOX SA644 N/A GAINESVILLE FL 32604 1.4.CITY-ST-ZP GAINESVILLE FL 32604 2.2 NAME STREET ADDRESS CITY-ST-ZP MINGIONE, THIERRY 3.3 STREET ADDRESS CITY-ST-ZP MINGIONE, THIERRY 4.3 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE 1.3 TITLE 1.4 TITLE 1.5 T							·			
### City ### Laborate ### Laborate				83						
TI. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids, Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, and accept the obligations of, Section 617,0503, Florids Statutes. SIGNATURE TZ. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE DO DELETE 11 mtg DELETE 11 mtg DELETE 12 NAME 13 STREET ADDRESS DENNIS E 12 NAME 13 STREET ADDRESS DENOVESE, LINDA 13 STREET ADDRESS DENOVESE, LINDA 13 STREET ADDRESS DENOVESE, LINDA 22 STREET ADDRESS DENOVESE, LINDA 22 STREET ADDRESS DENOVESE, LINDA 23 STREET ADDRESS DENOVESE, LINDA 24 STREET ADDRESS DENOVESE, LINDA 25 STREET ADDRESS DENOVESE, LINDA 25 STREET ADDRESS DELETE DEL				9.4	City			85	Zin Co	vde
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applications of section 617.0502, Florida's Statutes. SIGNATURE Signature. The final minimal with an accept the obligations of, Section 617.0502, Florida's Statutes. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE Repatitures negated when remaining) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LY NAME STREET ADDRESS GENOVESE, DENNIS E 12. NAME STREET ADDRESS GENOVESE, LINDA 13. STREET ADDRESS CITY-ST-ZP TITLE SD ORLINE GENOVESE, LINDA 23. STREET ADDRESS GENOVESE, LINDA 23. STREET ADDRESS GENOVESE, LINDA P O BOX 15464 N/A 23. STREET ADDRESS GENOVESE, LINDA P O BOX 15464 N/A 23. STREET ADDRESS GENOVESE, LINDA P O BOX 15464 N/A 23. STREET ADDRESS GENOVESE, LINDA P O BOX 15464 N/A 23. STREET ADDRESS GENOVESE, LINDA P O BOX 15464 N/A 24. CITY-ST-ZP TITLE MINGIONE, THIERRY 33. STREET ADDRESS GENOVESE, LINDA 33. STREET ADDRESS GENOVESE, LINDA 42. NAME 43. STREET ADDRESS GENOVESE, LINDA 43. STREET ADDRESS GENOVESE, LINDA 44. CITY-ST-ZP TITLE DELETE 54. TITLE Change Addition ADDITIONS/CHANGES ADDIT				04	City		FL	63	L ip 0.	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. Addition TITLE PD	office or r	egistered agent, or both, in the State of	Florida. Such change was at	uthorized by	the corporati	poration submits this statement for the on's board of directors. I hereby accep	purpose of of the appoir	changit itment	ng its regi	egistered stered
12.	SIGNATURE		LON S S LI	Denistand Acce	et elemen vo roculer	ad what remetation)	DATE			
TITLE	12				ir siğinetirin redukt			D DIRE	CTÓR	S IN 12
NAME GENOVESE, DENNIS E 12 NAME 13 STREET ADDRESS P O BOX 15464 N/A 13 STREET ADDRESS CTY-ST-ZIP GANDESVILLE FL 32604 14 CTY-ST-ZIP Change Addition Addi				_						
STREET ADDRESS GAINESVILLE FL 32604		· -								
CITY-ST-ZIP GAINESVILLE FL 32604		B B BBV 45464 N/A			TADORESS					Ì
TITLE SD DELETE 21 TITLE Change Addition NAME GENOVESE, LINDA 22 NAME STREET ADDRESS P O BOX 15464 N/A 23 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32604 2.4 CITY-ST-ZIP NAME MINGIONE, THIERRY 32 NAME STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 34. CITY-ST-ZIP TITLE DELETE A1 TITLE Change Addition NAME STREET ADDRESS A4 STREET ADDRESS CITY-ST-ZIP DELETE DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CI										ĺ
NAME GENOVESE, LINDA 22 NAME 23 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32604 2.4 CITY-ST-ZIP TITLE TD DELETE 31 TITLE DELETE 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE DELETE A			DELETE		1-21-			Cha	ange	☐ Addition
STREET ADDRESS P O BOX 15464 N/A 23 STREET ADDRESS 2.4 CITY-ST-ZIP		,		ł	1			_	•	
CITY-ST-ZIP		1			TADDDECC					
TITLE TD		=			1					
MINGIONE, THIERRY 32 NAME 33 STREET ADDRESS 4019 17TH AVE 33 STREET ADDRESS 54 CITY-ST-ZIP 51 TITLE 51 TITLE 51 STREET ADDRESS 54 CITY-ST-ZIP 51 STREET ADDRESS 54 CITY-ST-Z			□ DELETE		51-ZIF			Cha	ange	Addition
STREET ADDRESS 4019 17TH AVE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE Change Addition									_]
STREET ADDRESS STRE		,		•	T ADDRESS					ì
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP CTTY-ST-ZIP TITLE Change Addition NAME 5.1 TITLE Change Addition NAME 5.3 STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME CTTY-ST-ZIP CAME CTTY-ST-ZIP CTTY-ST-ZIP CTTY-ST-ZIP 6.4 CITY-ST-ZIP CTTY-ST-ZIP CTTY-ST-ZIP CTTY-ST-ZIP	•				1					
NAME		GAINESVILLE FL 32605	C DELETE		SI-ZIP			ПCh	ange	Addition
### ### ##############################										- i
A4 CITY-ST-ZIP										1
DELETE DELETE 5.1 TITLE Change Addition	STREET ADDRESS				İ					
NAME			Посте		IT-ZIP			□ Ch	ance	Addition
STREET ADDRESS			C) ACTELE							
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP					TANDRESS					
DELETE DELETE 6.1 TITLE Change Addition										
NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP								Ch	ange	Addition
NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP			□ nere ie					5		
CITY-ST-ZIP 6.4 CITY-ST-ZIP).			TADDECC					
CITY-SI-ZIP	STREET ADDRESS	·								
	CITY-ST-ZIP		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Section 449.07(2Vi) Florida Statutos	I further con	ify that	the in	formation

I neleby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the informational 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, with all other like empowered.

SIGNATURE:

SIZNATURE EXEQUIRDED in E. Genouese

Applied For

Not Applicable