


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N48615</b>		
1. Entity Name WORLD HARMONY PROJECT INC.		
Principal Place of Business PO BOX 15464 GAINESVILLE, FL 32604	Mailing Address PO BOX 15464 GAINESVILLE, FL 32604	



04112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3118616	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

THIERRY MINGIONE  
4019 17TH AVE  
GAINESVILLE, FL 32605

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENOVESE, DENNIS E P O BOX 15464 N/A GAINESVILLE, FL 32604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GENOVESE, LINDA P O BOX 15464 N/A GAINESVILLE, FL 32604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MINGIONE, THIERRY 4019 17TH AVE GAINESVILLE, FL 32605
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000303387  
04/13/05-80110-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Thierry J. Mingione* **Thierry J. Mingione** 4/11/2005 (352) 538-7549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #