

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002072 (5)**

1. Corporation Name

HARMONY A MULTIRACIAL NETWORK OF FAMILIES AND FRIENDS, INC.

Principal Place of Business

**15189 SCOTT PLACE
LOXAHATCHEE FL**

Mailing Address

**15189 SCOTT PLACE
LOXAHATCHEE FL**



3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 215 NW 3RD AVENUE

26 215 NW 3RD AVENUE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH, FL

BOYNTON BEACH, FL

Zip

Country

Zip

Country

24 33435

25 PALM BEACH

29 33435

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREEN, HYON
15189 SCOTT PLACE
LOXAHATCHEE FL**

81. Name

DENNIS THOMPSON

82. Street Address (P.O. Box Number is Not Acceptable)

215 NW 3RD AVENUE

83.

84. City

BOYNTON BEACH,

FL

85. Zip Code
33435

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 changing its registered office or 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 *Dennis Thompson, Treasurer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

7/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD LEAHY, LOURDES**
STREET ADDRESS **3470 HI STREET, APT 10**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD LIFSHIN, JANET**
STREET ADDRESS **4317 WILLOW BROOK CIR**
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD GREEN, HYON**
STREET ADDRESS **15189 SCOTT PLACE**
CITY-ST-ZIP **LOXAHATCHEE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD THOMPSON, DENNIS**
STREET ADDRESS **215 NW 3RD AVE**
CITY-ST-ZIP **BOYNTON BEACH FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D COLE, SANDRA**
STREET ADDRESS **3229 STARBOARD DR**
CITY-ST-ZIP **LANTANA FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dennis Thompson, Treasurer* *7/27/96* (561) 736-2845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)