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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000003262**

1. Corporation Name
THE HARMONY FOUNDATION, INC.

Principal Place of Business	Mailing Address
651 BRYN MAWR ST ORLANDO FL 32804	651 BRYN MAWR ST ORLANDO FL 32804

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1200 NEW YORK AVE,	26 1200 NEW YORK AVE,	06/17/1996
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —	4. FEI Number 31-1482572 ☐ Applied For ☐ Not Applicable
City & State 23 ST. CLOUD, FL	City & State 28 ST. CLOUD, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34769 25 USA	Zip / Country 29 34769 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAROLAN, J P III 390 N ORANGE AVE SUITE 1490 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LENTZ, MARTHA E 651 BRYN MAWR ST ORLANDO FL 32804	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P LENTZ, MARTHA E 1200 NEW YORK AVE ST CLOUD, FL 34769	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMOCK, CAROLE 651 BRYN MAWR ST ORLANDO FL 32804	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/S SMOCK, CAROLE 1200 NEW YORK AVE ST CLOUD, FL 34769	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEINER, MACK T 651 BRYAN MAWR TST ORLANDO FL 32804	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMES, JOHN V 651 BRYNMAWR ST ORLANDO FL 32804	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/VP HOLMES, JOHN V 1200 NEW YORK AVE ST CLOUD, FL 34769	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENZIKIE, PETER 651 BRYNMAWR ST ORLANDO FL 32804	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/T BENZIKIE, PETER 1200 NEW YORK AVE ST CLOUD, FL 34769	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D PARTYKA, PAUL 1200 NEW YORK AVE ST CLOUD, FL 34769 (see attached)	☐ Change ☒ Addition

14. 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 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: MICHAEL E BURCHFIELD 3-23-99 407-957-0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

DOC- N96000003262
260065- 90083-42

BLOCK 13 CONTINUED

ADDITION

7.1 D
MURDOCK, LES
1200 NEW YORK AVE
ST CLOUD, FL 34769

ADDITION

8.1 D
NORRIS, JIM
1200 NEW YORK AVE
ST CLOUD, FL 34769