2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90181 037 ****61.25

DOCUMENT # N96000003262

1. Entity Name
THE HARMONY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1200 NEW YORK AVE. ST. CLOUD, FL 34769	3500 HARMONY SQ. DR. WEST HARMONY, FL 34773

02082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3500 Harmony Sq. Dr. W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Harmony FL	City & State
Zip: 34773 Country: U.S.	Zip Country

4. FEI Number: 31-1482572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOYT, PEGGY R MBA 251 PLAZA DR. SUITE B OVIEDO, FL 32765	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, MICHAEL C 3500 HARMONY SQ. DR. WEST HARMONY, FL 34773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOYT, PEGGY 3500 HARMONY SQ. DR. WEST HARMONY, FL 34773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, BILL 3500 HARMONY SQ. DR. WEST HARMONY, FL 34773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LENTZ, MARTHA E 3500 HARMONY SQ. DR. WEST HARMONY, FL 34773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT BENZIKIE, PETER 3500 HARMONY SQ. DR. WEST HARMONY, FL 34773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PARTYKA, PAUL 3500 HARMONY SQ. DR. WEST HARMONY, FL 34773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Martha Lentz Martha E. Lentz 3/2/05 407-957-0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #