2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90047 048 ****61.25

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1. Entity Name
THE HARMONY FOUNDATION, INC.

Principal Place of Business	Mailing Address
3500 HARMONY SQ DR W HARMONY, FL 34773	3500 HARMONY SQ. DR. WEST HARMONY, FL 34773

400058777

01042007 No Chg-NP CR2E037 (4/06)

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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

~~HOYT, PEGGY R MBA~~
~~251 PLAZA DR.~~
~~SUITE B~~
~~OVIEDO, FL 32765~~

Lentz, Martha E.
3500 Harmony Sq. Dr. West
Harmony, FL 34773

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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: Martha E. Lentz CHAIRMAN 4-2-07
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	STEWART, MICHAEL C
STREET ADDRESS	3500 HARMONY SQ. DR. WEST
CITY-ST-ZIP	HARMONY, FL 34773
TITLE	DVP
NAME	GRIFFIN, TOM
STREET ADDRESS	3500 HARMONY SQ. DR. WEST
CITY-ST-ZIP	HARMONY, FL 34773
TITLE	D
NAME	LANE, BILL
STREET ADDRESS	3500 HARMONY SQ. DR. WEST
CITY-ST-ZIP	HARMONY, FL 34773
TITLE	DP
NAME	LENTZ, MARTHA E
STREET ADDRESS	3500 HARMONY SQ. DR. WEST
CITY-ST-ZIP	HARMONY, FL 34773
TITLE	DS
NAME	RECKER, JULIA
STREET ADDRESS	3500 HARMONY SQ. DR. WEST
CITY-ST-ZIP	HARMONY, FL 34773
TITLE	D
NAME	SHOFFNER, JACK
STREET ADDRESS	3500 HARMONY SQ. DR. WEST
CITY-ST-ZIP	HARMONY, FL 34773

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 E. Lentz MARTHA E. LENTZ CHAIR 3-29-07 407-957-0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #