2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N96000003262

Entity Name: THE HARMONY FOUNDATION, INC.

Current Principal Place of Business:

3500 HARMONY SQ DR W
HARMONY, FL 34773

New Principal Place of Business:

Current Mailing Address:

3500 HARMONY SQ. DR. WEST
HARMONY, FL 34773

New Mailing Address:

3500 HARMONY SQ DR W
HARMONY, FL 34773

FEI Number: 31-1482572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENTZ, MARTHA E
3500 HARMONY SQ. DR. WEST
HARMONY, FL 34773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete
Name: STEWART, MICHAEL C
Address: 3500 HARMONY SQ. DR. WEST
City-St-Zip: HARMONY, FL 34773

Title: D ( ) Delete
Name: GRIFFIN, TOM
Address: 3500 HARMONY SQ. DR. WEST
City-St-Zip: HARMONY, FL 34773

Title: D ( ) Delete
Name: LANE, BILL
Address: 3500 HARMONY SQ. DR. WEST
City-St-Zip: HARMONY, FL 34773

Title: DP ( ) Delete
Name: LENTZ, MARTHA E
Address: 3500 HARMONY SQ. DR. WEST
City-St-Zip: HARMONY, FL 34773

Title: DS ( ) Delete
Name: RYMER, BARRY H
Address: 3500 HARMONY SQ. DR. WEST
City-St-Zip: HARMONY, FL 34773

Title: D ( ) Delete
Name: SHOFFNER, JACK
Address: 3500 HARMONY SQ. DR. WEST
City-St-Zip: HARMONY, FL 34773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA LENTZ DIR 02/25/2009

Electronic Signature of Signing Officer or Director — Date