FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728131

(4)

HARMONY MISSIONARY BAPTIST CHURCH, INC.

10.000		. ••				
Principal Place	of Business	Mailing Address				- T TERRIC SOUR TION HOLD SOUR TION THE GIVET EVENT BIOLI STOLE BIOLI DIDLE INDI
1645 N WEBSTER AVENUE PO BOX 14 LAKELAND FL 33802-0014		1645 N WEBSTER AVENUE PO BOX 14 LAKELAND FL 33802-0014				
						3. Date Incorporated or Qualified 11/28/1973 3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address			····	4. FEI Number Applied For
21		26				59-2833250 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28] Zip	Cour	ntry		8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30	30		Florida Statutes Yes No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
ROBERTS	S, J.H. S. 98 SOUTH		ľ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	ID FL 33802		Ì	83		
			ŀ	84	City	85 Zip Code
11. Pursuant t	o the provisions of Sections 617.05	502 and 617.1508, Florida Statu	ites, the ab	ove	-named corp	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obli	igations of, Section 617.0503, F	lorida Statu	utes.		ion a board of directors. Thereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	ogent and title if applicable (NC	TE: Repistered	Ager	nt signature requin	ed when reinstaling) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	☐ DELETE	1.1 1/1	LE		Change Addition
NAME	GRIFFIN, MARTHA JEAN		1.2 NA	ME		
STREET ADDRESS	1203 TIMBER RIDGE DR		1.3 STI	REET A	ADDRESS	
CITY-ST-ZIP	LAKELAND FL		1.4 C/T	IY-ST	T-ZIP	
TITLE	DD	☐ DELETE	2.1 TIT	LE		☐ Change ☐ Addition
NAME	WILLIS, HORACE		2.2 NA	ME		•
STREET ADDRESS	1333 ALAMEDA DR S				ADDRESS	· ·
CITY-ST-ZIP	LAKELAND FL	☐ DELETE	2. 4 CI		IT-ZIP	Change Addition
TITLE	VD	□ Dereit	3.1 TIT 3.2 NA		-	E Change E Naoriton
NAME STREET ADDRESS	HODGE, THOMAS 412 MODEST ST		1		ADDRESS	
CITY-ST-ZIP	LAKELAND FL		3.4. Cf		· I	
TITLE	LANLLANDIL	DELETE	4.1 TIT		11-24	☐ Change ☐ Addition
NAME		***	4. 2 N/			• •
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT	IY-SI	T-ZIP	
TITLE		DELETE	5.1 TIT	ILE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STI	REET	ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CD		T • ZIP	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	ou portify that the information assemble	ind with this filing does not are	6.4 CIT			in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio I am an of	n indicated on this annual report of	r supplemental annual report is or the receiver or trustee empo	true and a wered to e	iccui	rate and that	my signature shall have the same legal effect as if made under oath; that t as required by Chapter 617, Florida Statutes; and that my name