

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90002 021 ****61.25

DOCUMENT # 728131

1. Corporation Name

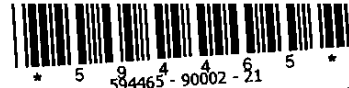
HARMONY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

1645 N WEBSTER AVENUE
PO BOX 14
LAKELAND FL 33802-0014

Mailing Address

1645 N WEBSTER AVENUE
PO BOX 14
LAKELAND FL 33802-0014



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/28/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2833250

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, J.H.
1125 U.S. 98 SOUTH
LAKELAND FL 33802

81 Name **STEVE A. CAUDLE**

82 Street Address (P.O. Box Number is Not Acceptable)

1027 11th St

83

84 City **LAKELAND**

FL

85 Zip Code **33805**

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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☒ DELETE
NAME **GRIFFIN, MARTHA JEAN**
STREET ADDRESS **1203 TIMBER RIDGE DR**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **LENA LEE**
1.3 STREET ADDRESS **942 KEEN CT.**
1.4 CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **DD** ☐ DELETE
NAME **WILLIS, HORACE**
STREET ADDRESS **1333 ALAMEDA DR S**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **HODGE, THOMAS**
STREET ADDRESS **412 MODEST ST**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)