

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 735567

1. Entity Name

NEW HARMONY ASSEMBLY OF GOD CHURCH, INC.



Principal Place of Business

974 ADAMS RD
DEFUNIAK SPRG FL 32433
US

Mailing Address

1662 SEXTON RD
DEFUNIAK SPRING FL 32433
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

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

SEXTON, MARGIE
1662 SEXTON RD
DEFUNIAK SPRG, FL
DEFUNIAK SPRING FL 32433

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

(Print name of individual or name of registered agent, and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 TP
NAME SEXTON, RONALD
STREET ADDRESS 1578 SEXTON RD
CITY-STATE-ZIP DEFUNIAK SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

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01/28/05-80008-001 61.25

TITLE TVP
NAME SEXTON, ANN
STREET ADDRESS 1578 SEXTON RD
CITY-STATE-ZIP DEFUNIAK SPRINGS FL

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CITY-STATE-ZIP

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TITLE ST
NAME SEXTON, MARGIE
STREET ADDRESS 1662 SEXTON RD
CITY-STATE-ZIP DEFUNIAK SPRINGS FL

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NAME SEXTON, MARGIE
STREET ADDRESS 1662 SEXTON RD
CITY-STATE-ZIP DEFUNIAK SPRINGS FL

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CITY-STATE-ZIP

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☐ 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:

Margie Sexton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGIE SEXTON

1-25-05

Date

850-892-6111

Daytime Phone