

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 735567

1. Entity Name

NEW HARMONY ASSEMBLY OF GOD CHURCH, INC.



Principal Place of Business

Mailing Address

974 ADAMS RD
DEFUNIAK SPRG FL 32433
US

1662 SEXTON RD
DEFUNIAK SPRING FL 32433
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	TP	<input type="checkbox"/> Delete
NAME	SEXTON, RONALD	
STREET ADDRESS	1578 SEXTON RD	
CITY-STATE-ZIP	DEFUNIAK SPRINGS FL	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	SEXTON, ANN	
STREET ADDRESS	1578 SEXTON RD	
CITY-STATE-ZIP	DEFUNIAK SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SEXTON, MARGIE	
STREET ADDRESS	1662 SEXTON RD	
CITY-STATE-ZIP	DEFUNIAK SPRINGS FL	
TITLE	DRA	<input type="checkbox"/> Delete
NAME	SEXTON, MARGIE	
STREET ADDRESS	1662 SEXTON RD	
CITY-STATE-ZIP	DEFUNIAK SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U000000605649
01/30/07-80044-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARGIE SEXTON MARGIE SEXTON

1/22/07

850-834-2784