FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90135 044 ****61.25

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DOCUMENT # 769795

1. Corporation Name
HARMONY BAPTIST ASSOCIATION, INCORPORATED OF BRONSON, FLORIDA

* 98236 - 90135 - 44

DEPARTMENT OF STATE

Principal Place of Business	Mailing Address
SR NO. 26. 1 MI. WEST OF TRENTON PO BOX 23 TRENTON FL 32693 US	SR NO. 26. 1 MI. WEST OF TRENTON PO BOX 23 TRENTON FL 32693 US

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualifed
08/11/1983

4. FEI Number
59-2147597
☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PERRYMAN, ALEX
16502 NE 5TH AVE
P O BOX 501
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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 617.0503, 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	MD	XX DELETE	1.1 TITLE	MD	XX Change ☐ Addition
NAME	MITCHELL, DAREL		1.2 NAME	HUDSON, TRAVIS	
STREET ADDRESS	511 N YOUNG BLVD, P O BOX 2270		1.3 STREET ADDRESS	1404 N.W. 18th Ave.	
CITY-ST-ZIP	CHIEFLND FL		1.4 CITY-ST-ZIP	Chiefland, FL 32644	
TITLE	CD	XX DELETE	2.1 TITLE	CD	XX Change ☐ Addition
NAME	LAWRENCE, VICKI		2.2 NAME	PERRYMAN, JOYCE	
STREET ADDRESS	322 NE 4TH AVE, P O BOX 23		2.3 STREET ADDRESS	1699 W. SR 26, PO Box 23	
CITY-ST-ZIP	TRENTON FL		2.4 CITY-ST-ZIP	Trenton FL 32693	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERRYMAN, ALEX		3.2 NAME		
STREET ADDRESS	16502 NE 5TH AVE, P O BOX 501		3.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Alex Perryman TD 1-6-99 352 463-2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #