

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-06-2002 90002 031 ****61.25

DOCUMENT # 769795

1. Entity Name

**HARMONY BAPTIST ASSOCIATION, INCORPORATED OF BRO
NSON, FLORIDA**

Principal Place of Business

SR NO. 26. 1 MI. WEST OF TRENTON
PO BOX 23
TRENTON FL 32693
US

Mailing Address

SR NO. 26. 1 MI. WEST OF TRENTON
PO BOX 23
TRENTON FL 32693
US

2. Principal Place of Business

1699 W SR 26

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2147597

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

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

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.

SIGNATURE n/a

Alex Perryman

01/15/02

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☒ Delete
NAME **HUDSON, TRAVIS**
STREET ADDRESS **1404 N.W. 18TH AVE**
CITY-ST-ZIP **CHIEFLAND FL 32644**

TITLE **Moderator Director** ☐ Change ☒ Addition
NAME **David Bump**
STREET ADDRESS **25520 W Newberry Road**
CITY-ST-ZIP **Newberry FL 32669**

TITLE **CD** ☐ Delete
NAME **PERRYMAN, JOYCE**
STREET ADDRESS **1699 W. SR 26, PO BOX 23**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PERRYMAN, ALEX**
STREET ADDRESS **16502 NE 5TH AVE, P O BOX 501**
CITY-ST-ZIP **TRENTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: Alex Perryman **Alex Perryman**

01/15/02

352-463-2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)