

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90022 041 ****61.25

DOCUMENT # 769795

1. Entity Name

**HARMONY BAPTIST ASSOCIATION, INCORPORATED OF
BRONSON, FLORIDA**



Principal Place of Business

**14699 W SR 26
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

Suite, Apt. #, etc.

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

**PERRYMAN, ALEX
16502 NE 5TH AVE
P.O. BOX 604
TRENTON FL 32693**

7. Name and Address of New Registered Agent

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, 2004**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **PERRYMAN, ALEX**
CITY-ST-ZIP **16502 NE 5TH AVE, P.O. BOX 604
TRENTON FL**

TITLE ☒ Delete
NAME **MD**
STREET ADDRESS **KEITH, WILLIAM**
CITY-ST-ZIP **PO BOX 17
OTTER CREEK FL 32683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **MD**
STREET ADDRESS **Garnett, Steve**
CITY-ST-ZIP **460 S. Court Street
Bronson FL 32621**

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Joyce Perryman

Joyce Perryman

02-03-04

352-463-2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #