FILED

Jan 13, 2003 8:00 am Secretary of State

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769795

1. Entity Name

HARMONY BAPTIST ASSOCIATION, INCORPORATED OF BRO



01-13-2003 90078 042 ****61.25 NSON, FLORIDA Principal Place of Business Mailing Address 14699 W SR 26 SR NO. 26, 1 MI. WEST OF TRENTON **TUUUUJUJ** TRENTON FL 32693 PO BOX 23 TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2147597 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRYMAN, ALEX Street Address (P.O. Box Number is Not Acceptable) 16502 NE 5TH AVE P O BOX 501 TRENTON FL 32693 City 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MD TITLE **KX**Delete TITLE MD BUMP, DAVID (10/02)☐ Change NAME Addition NAME Keith, William STREET ADDRESS 25520 W NEWBERRY RD STREET ADDRESS PO Box 17 CITY-ST-ZIP **NEWBERRY FL 32669** CITY-ST-ZIP Otter Creek, FL 32683 TITLE CD ☐ Delete TITLE ☐ Change NAME PERRYMAN, JOYCE ☐ Addition NAME STREET ADDRESS 1699 W. SR 26. PO BOX 23 STREET ADDRESS CITY-ST-ZIP TRENTON FL 32693 CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition PERRYMAN, ALEX NAME NAME STREET ADDRESS 16502 NE 5TH AVE, P O BOX 501 STREET ADDRESS CITY-ST-7IP TRENTON FL CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-7/P

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Soyce Perryman, Clerk

01-09-03

352-463-2541