

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90001 029 \*\*\*\*61.25

<b>DOCUMENT # N04000011174</b> 1. Entity Name <b>HARMONY INDEPENDENT BAPTIST CHURCH, INC.</b>					
Principal Place of Business 8443 SE STATE RD. 100 STARKE, FL 32091			Mailing Address 8443 SE STATE RD. 100 STARKE, FL 32091		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>34-2010801</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MONTE, PAUL DEL</b> <b>8443 SE STATE ROAD 100</b> <b>STARKE, FL 32091</b>				7. Name and Address of New Registered Agent Name <b>Del Monte, Paul</b> Street Address (P.O. Box Number is Not Acceptable) <b>8443 SE State Road 100</b> <b>Starke</b> <b>FL 32091</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL MONTE, PAUL 4144 SE COUNTY ROAD 18 STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINEY, TOMMY K. 3155 NW COUNTY ROAD 125 LAWTEY, FL 32058	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linzy, Tommy K. 3155 NW County Rd 125 Lawtey, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNUS, WILLIAM PO BOX 865 STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DYKEMAN, CHERYL PO BOX 865 STARKE, FL 32091	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINZY, VIRGINIA 3155 NW COUNTY ROAD 125 LAWTEY, FL 32058	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>Virginia Linzy Secretary</i> <b>7/12/06</b> <b>904-782-3070</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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