




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000011174</b> 1. Entity Name <b>HARMONY INDEPENDENT BAPTIST CHURCH, INC.</b>	
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Principal Place of Business <b>8443 SE STATE RD. 100 STARKE, FL 32091</b>	Mailing Address <b>8443 SE STATE RD. 100 STARKE, FL 32091</b>
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>34-2010801</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DELMONTE, PAUL 8443 SE STATE ROAD 100 STARKE, FL 32091</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL MONTE, PAUL 4144 SE COUNTY ROAD 18 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINZY, TOMMY K 3155 NW COUNTY ROAD 125 LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNUS, WILLIAM PO BOX 865 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DYKEMAN, CHERYL PO BOX 865 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINZY, VIRGINIA 3155 NW COUNTY ROAD 125 LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000651424  
03/09/07-80007-002 61.25

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.

**SIGNATURE:** *Virginia Linzy* **Secretary** *2/15/07* *904-782-3090*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #