

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011174

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** HARMONY INDEPENDENT BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

8443 SE STATE RD. 100  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

8443 SE STATE RD. 100  
STARKE, FL 32091

**New Mailing Address:**

**FEI Number:** 34-2010801      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DELMONTE, PAUL  
8443 SE STATE ROAD 100  
STARKE, FL 32091      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DEL MONTE, PAUL  
Address: 4144 SE COUNTY ROAD 18  
City-St-Zip: STARKE, FL 32091

Title: D      (X) Delete  
Name: LINZY, TOMMY K  
Address: 3155 NW COUNTY ROAD 125  
City-St-Zip: LAWTEY, FL 32058

Title: D      ( ) Delete  
Name: MAGNUS, WILLIAM  
Address: PO BOX 865  
City-St-Zip: STARKE, FL 32091

Title: T      ( ) Delete  
Name: DYKEMAN, CHERYL  
Address: PO BOX 865  
City-St-Zip: STARKE, FL 32091

Title: S      ( ) Delete  
Name: LINZY, VIRGINIA  
Address: 3155 NW COUNTY ROAD 125  
City-St-Zip: LAWTEY, FL 32058

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: DEL MONTE, JOYCE N  
Address: 4144 S.E. CR18  
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE N. DEL MONTE

S

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date