

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011174

FILED
Apr 30, 2009
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 ()

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:

DELMONTE, PAUL
4144 SE C.R. 18
STARKE, FL 32091 US

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: _____

04/30/2009

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: 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: DEL MONTE, JOYCE N
Address: 4144 S.E. CR18
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HENKLE, JOE
Address: PO BOX 2134
City-St-Zip: MIDDLEBURG, FL 32050

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

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

04/30/2009

Electronic Signature of Signing Officer or Director

Date