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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08740** (5)

1. Corporation Name

HARMONY SEPARATE BAPTIST CHURCH, INC.



Principal Place of Business	Mailing Address
7101 FT CAROLINE HILLS DR % RONALD SPENCER JACKSONVILLE FL 32277 US	7101 FT CAROLINE HILLS DR % RONALD SPENCER JACKSONVILLE FL 32277 US

3. Date Incorporated or Qualified

04/16/1985

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCER, RONALD
7101 FT CAROLINE HILLS DR
JACKSONVILLE FL 32277

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	SPENCER, RONALD L
STREET ADDRESS	7101 FORT CAROLINE HILL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	KESSINGER, LAVERNE A.
STREET ADDRESS	3659 UNIVERSITY BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	PREECE, MARSHA
STREET ADDRESS	12660 CAMDEN ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COSTNER, HORACE S.
STREET ADDRESS	2737 LANSLOWNE DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	MIN <input checked="" type="checkbox"/> DELETE
NAME	DOLEN, DAVID
STREET ADDRESS	5151 HECKSCHER DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE	O <input checked="" type="checkbox"/> DELETE
NAME	KESSINGER, ELDON
STREET ADDRESS	3659 UNIVERSITY BLVD N
CITY-ST-ZIP	JACKSONVILLE FL 32277

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patricia T. Newmans
2.3 STREET ADDRESS	6181 Heckscher Dr
2.4 CITY-ST-ZIP	Jacksonville, FL 32226
3.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clarence Preece
3.3 STREET ADDRESS	12260 Camden Rd.
3.4 CITY-ST-ZIP	Jacksonville, FL 32218
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Minister <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gary L. Cutler
5.3 STREET ADDRESS	2887 Lennox Ave.
5.4 CITY-ST-ZIP	Jacksonville, FL 32205
6.1 TITLE	Clerk <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kathy Cutler
6.3 STREET ADDRESS	2887 Lennox Ave
6.4 CITY-ST-ZIP	Jacksonville, FL 32205

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia T. Newmans

2-2-98

CR2E037 (10/97)