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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90237 043 \*\*\*\*61.25

0007149

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08740**

1. Corporation Name

**HARMONY SEPARATE BAPTIST CHURCH, INC.**

Principal Place of Business

7101 FT CAROLINE HILLS DR  
% RONALD SPENCER  
JACKSONVILLE FL 32277  
US

Mailing Address

7101 FT CAROLINE HILLS DR  
% RONALD SPENCER  
JACKSONVILLE FL 32277  
US



**HARMONY SEPARATE BAPTIST Church, Inc.**

Principal Place of Business

21 **3850 EMERSON ST**

2a. Mailing Address

26 **MARY CUTLER**

3. Date Incorporated or Qualified

**04/16/1985**

Suite, Apt. #, etc.

22 **JACKSONVILLE, FL**

Suite, Apt. #, etc.

27 **2887 LENOX AVE**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

City & State

23 **32207 DUVAL**

City & State

28 **JACKSONVILLE, FL**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

Zip

Country

24 **32207**

Zip

Country

29 **32207** 30 **DUVAL**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**SPENCER, RONALD  
7101 FT CAROLINE HILLS DR  
JACKSONVILLE FL 32277**

10. Name and Address of New Registered Agent

81 Name

**MARY CUTLER**

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

**2887 LENOX AVE**

83 **JACKSONVILLE**

84 City

FL

85 Zip Code

**32207**

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 **GARY L. CUTLER**

*Gary L. Cutler*

**1-17-99**

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** ☒ DELETE

NAME **SPENCER, RONALD L**  
STREET ADDRESS **7101 FORT CAROLINE HILL DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☒ DELETE

NAME **PATRICIA T NEWMANS**  
STREET ADDRESS **6131-HECKSCHER DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **T** ☐ DELETE

NAME **CLARANCE PREECE**  
STREET ADDRESS **12660 CAMDEN ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ DELETE

NAME **COSTNER, HORACE S.**  
STREET ADDRESS **2737 LANSLOWNE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **MIN** ☐ DELETE

NAME **GARY L CUTLER**  
STREET ADDRESS **2887 LENOX AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32205 54**

TITLE **C** ☐ DELETE

NAME **KATHY CUTLER**  
STREET ADDRESS **2887 LENOX AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32205 54**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **MARY CUTLER**  
1.3 STREET ADDRESS **2887 LENOX AVE 54**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32205**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **JUANITA COSTNER**  
2.3 STREET ADDRESS **3707 LANSLOWNE DR**  
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **RONALD SPENCER**  
5.3 STREET ADDRESS **7101 FT. CAROLINE HILLS DR**  
5.4 CITY-ST-ZIP **Jacksonville, FL 32277**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**GARY L. CUTLER**

*Gary L. Cutler*

DATE

Daytime Phone #

CR2E037 (1-98)