

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N08740**

1. Entity Name  
**HARMONY SEPARATE BAPTIST CHURCH, INC**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90363 029 \*\*\*\*70.00

Principal Place of Business Mailing Address  
**3850 EMERSON STREET 3850 EMERSON STREET**  
**JACKSONVILLE, FLORIDA 32207 JACKSONVILLE, FL 32207**

**720383**

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GARY L. CUTLER</b> <b>2887 LENNOR AVENUE</b> <b>JACKSONVILLE, FL 32205</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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.

SIGNATURE N/A  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW</b> <b>STATE FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b> NAME <b>GARY L. CUTLER</b> STREET ADDRESS <b>2887 LENNOR AVENUE</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32205</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>CLARENCE PREECE</b> STREET ADDRESS <b>12660 CAMDEN RD</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32218</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>HORRACE S. COSTNER</b> STREET ADDRESS <b>2737 LANDSDOWN DR.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32211</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: HORRACE S. COSTNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 904-744-4960  
Date Daytime Phone #

CR2E037 (9/99)