

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90250 024 ****61.25

DOCUMENT # N08740

1. Entity Name

HARMONY SEPARATE BAPTIST CHURCH, INC.

Principal Place of Business

3850 EMERSON ST
 JACKSONVILLE FL 32207
 US

Mailing Address

3850 EMERSON ST
 JACKSONVILLE FL 32207
 US

2. Principal Place of Business

3850 EMERSON ST

3. Mailing Address

3850 EMERSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32207

Country

DUAL

Zip

32207

Country

DUAL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUTLER, GARY L
 2887 LENNOX AVENUE
 JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name: SPARKS, MACK
 Street Address (P.O. Box Number is Not Acceptable): 3855 LITTLE LANE
 City: JACKSONVILLE
 State: FL Zip Code: 32223

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	CUTLER, GARY L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2887 LENNOX AVE	
CITY-ST-ZIP			JACKSONVILLE FL 32205	
TITLE	AD	NAME	PREECE, CLARENCE	<input type="checkbox"/> Delete
STREET ADDRESS			12660 CAMDEN RD	
CITY-ST-ZIP			JACKSONVILLE FL 32218	
TITLE	AD	NAME	COSTNER, HORRACE S	<input type="checkbox"/> Delete
STREET ADDRESS			2737 LANDSDOWN DRIVE	
CITY-ST-ZIP			JACKSONVILLE FL 32211	
TITLE	D	NAME	COSTNER, HORACE S.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2737 LANDSDOWN DR.	
CITY-ST-ZIP			JACKSONVILLE FL	
TITLE	MIN	NAME	GARY L CUTLER	<input type="checkbox"/> Delete
STREET ADDRESS			2887 LENNOX AVE	
CITY-ST-ZIP			JACKSONVILLE FL 32205	
TITLE	C	NAME	KATHY CUTLER	<input type="checkbox"/> Delete
STREET ADDRESS			2887 LENOX AVE	
CITY-ST-ZIP			JACKSONVILLE FL 32205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	MACK SPARKS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3855 LITTLE LANE	
CITY-ST-ZIP			JACKSONVILLE, FL 32223	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME	JUANITA COSTNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2737 LANDSDOWN DR.	
CITY-ST-ZIP			JACKSONVILLE, FL 32211	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-2001 1-904 262-0450

CR2E037 (10/00)