

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90415 007 ****61.25

DOCUMENT # N08740

1. Entity Name

HARMONY SEPARATE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3850 EMERSON ST
 JACKSONVILLE FL 32207
 US

3850 EMERSON ST
 JACKSONVILLE FL 32207
 US

2. Principal Place of Business

3. Mailing Address

HARMONY SEPARATE
 Suite, Apt. #, etc.

3850 EMERSON ST
 Suite, Apt. #, etc.

3850 EMERSON ST

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE

Zip
32207

Country
FL

Zip
32207

Country
FL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARKS, MACK
3855 LITTLE LANE
JACKSONVILLE FL 32223

Name
Mack Sparks
 Street Address (P.O. Box Number is Not Acceptable)
3855 Little Lane
Jacksonville, FL, 32211
 City Zip Code
FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SPARKS, MACK H**
 CITY-ST-ZIP **3855 LITTLE LANE**
JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AD**
 STREET ADDRESS **PREECE, CLARENCE**
 CITY-ST-ZIP **12660 CAMDEN RD**
JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AD**
 STREET ADDRESS **COSTNER, HORRACE S**
 CITY-ST-ZIP **2737 LANDSDOWN DRIVE**
JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **COSTNER, JUANITA**
 CITY-ST-ZIP **2737 LANDSDOWN DRIVE**
JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MIN**
 STREET ADDRESS **GARY L CUTLER**
 CITY-ST-ZIP **2887 LENNOX AVE**
JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **KATHY CUTLER**
 CITY-ST-ZIP **2887 LENOX AVE**
JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02

Daytime Phone #

CR2E037 (9/01)