


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90183 014 ****61.25

DOCUMENT # N08740	
1. Entity Name HARMONY SEPARATE BAPTIST CHURCH, INC.	

Principal Place of Business HARMONY SEPARATE 3850 EMERSON STREET JACKSONVILLE, FL 32207 US	Mailing Address 3850 EMERSON ST JACKSONVILLE, FL 32207 US
--	---

2. Principal Place of Business HARMONY SEPARATE Suite, Apt. #, etc. 3950 EMERSON ST City & State JACKSONVILLE, FL Zip 32207 Country FL	3. Mailing Address HARMONY SEPARATE Suite, Apt. #, etc. 3850 EMERSON ST City & State JACKSONVILLE, FL Zip 32207 Country FL
---	---

04142005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CUTLER, GARY 2887 LENNOX AVE JACKSONVILLE, FL 32254	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gary Cutler Gary Cutler 4-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUTLER, GARY 2887 LENNOX AVE JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD COSTNER, HORACE 2737 LANSLOWNE DR. JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSTNER, JUANITA 2737 LANSLOWNE DR. JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CUTLER, KATHY 2887 LENNOX AVE JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIN GARY L CUTLER 2887 LENNOX AVE JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KATHY CUTLER 2887 LENOX AVE JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Gary Cutler Gary Cutler 4-23-05
Signature and typed or printed name of signing officer or director Date Daytime Phone #