

2006
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 012 ****61.25

DOCUMENT # **108740** **BAPTIST**
1. Entity Name **HARMONY SEPARATE CHURCH Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **HARMONY SEPARATE** 3. Mailing Address **HARMONY SEPARATE**
Suite, Apt. #, etc. **2887 LENOX AVE** Suite, Apt. #, etc. **2887 LENOX**
City & State **JACKSONVILLE FL** City & State **FL**
Zip **32254** Country **DUVAL** Zip **32254** Country **DUVAL**

40076315
DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CUTLER, MARY**
Street Address (P.O. Box Number is Not Acceptable) **2887 LENOX AVE**
2887 LENOX AVE
City **JACKSONVILLE FL** Zip Code **32254**

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 **MARY CUTLER** **Gary Cutler** **4.26.06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	P CUTLER, MARY 2887 LENOX AVE JACKSONVILLE, FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A COSTNER, QUANITA 2737 LANSLOWNE DR. JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSTNER, QUANITA 2737 LANSLOWNE DR. JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CUTLER, KATHY 2887 LENOX AVE JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CUTLER MARY 32254 2887 LENOX JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32254	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Gary Cutler** **MARY CUTLER** **4.26.06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)