~~2004~~
2007

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

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90029 013 ****61.25

DOCUMENT # N08740

1. Entity Name

Harmony separate Baptist Church, INC.

DO NOT WRITE IN THIS SPACE

40095464

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
HARMONY SEPARATE	HARMONY SEPARATE
Suite, Apt. #, etc. 3887 Lenoy ave	~~Suite, Apt. #, etc.~~ BAPTIS Church
City & State Jacksonville, Fl	City & State 3887 Lenoy ave Fl
Zip 32254 Country DUVAL	Zip 32254 Country DUVAL

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: Gary Cutler

Street Address (P.O. Box Number is Not Acceptable): 3887 Lenoy 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: GARY CUTLER Gary Cutler 4-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	CUTLER, GARY 3887 LENOY AVE JACKSONVILLE, FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADCOSTNER HOTALE 32254 3737 LANSDOWNE DR Jacksonville, FL 32211	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COSTNER JUANITA 3737 LANSDOWNE 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 3887 LENOY AVE JACKSONVILLE, FL 32254	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIN CUTLER GARY 3887 LENOY AVE JACKSONVILLE, FL 32254	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 GARY CUTLER 4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #