

2008

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

DOCUMENT #

1. Entity Name

NO 8740

Harmony Separate Baptist Church, Inc.

DO NOT WRITE IN THIS SPACE

BAPTIST Church

2. Principal Place of Business

HARMONY SEPARATE

3. Mailing Address

HARMONY SEPARATE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3850 EMERSON ST.

3850 EMERSON ST.

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32207

DUVAL

32207

DUVAL

700129676117

05/16/08--01012--028 **61.25

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARY CUTLER

Street Address (P.O. Box Number is Not Acceptable)

2519 Quail Ave

City

JACKSONVILLE FL

Zip Code

32218

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 Mary Cutler

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

(NOTE: Registered Agent signature required when resigning)

DATE

5-12-08

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPP
MARY CUTLER
2519 Quail Ave
Jacksonville, FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPAC COSTNER
2737 Sandown Dr
Jacksonville, FL 32218TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPCOSTNER JUANITA
2737 Sandown Dr
Jacksonville, FL 32218TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSCUTLER Mary
2519 Quail Ave
Jacksonville, FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

32218

TITLE
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CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.

SIGNATURE:

Mary Cutler GARY CUTLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

5-12-08

CR2E037B (12/01)