2009

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

DOCUMENT #

1. Entity Name: NO 8740

FILED

2009 MAY 22 A 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
HARMONY SEPARATE	HARMONY SEPARATE
Suite, Apt. #, etc.: 2519 QUAL AVE	Suite, Apt. #, etc.: BAPTIST CHURCH
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32218 Country: DUVAL	Zip: 32218 Country: DUVAL

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: GARY CUTLER

Street Address (P.O. Box Number is Not Acceptable): 2519 QUAL 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE: Gary Cutler GARY CUTLER 4-25-09
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME GARY CUTLER STREET ADDRESS 2519 QUAL AVE CITY-ST-ZIP JACKSONVILLE FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500156315055 05/22/09--01010--007 **61.25
TITLE AD NAME HORACE COSTNER STREET ADDRESS 2737 LANSDOWNE DR CITY-ST-ZIP JACKSONVILLE FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME JUANITA COSTNER STREET ADDRESS 2737 LANSDOWNE DR CITY-ST-ZIP JACKSONVILLE, FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE C NAME KATHY CUTLER STREET ADDRESS 2519 QUAL AVE CITY-ST-ZIP JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E037B (12/02)

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 4-25-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #