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

DOCUMENT #

1. Entity Name

N0 8740
Harmony Separate Baptist Church, Inc

DO NOT WRITE IN THIS SPACE

FILED
10 APR 29 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
HARMONY SEPARATE	HARMONY SEPARATE
Suite, Apt. #, etc. 2519 QUAIL 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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HARY CUTLER

Street Address (P.O. Box Number is Not Acceptable): 2519 Q-UAIL 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: Hary Cutler — HARY CUTLER — 4-26-2010
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	TITLE	
NAME	HARY CUTLER	NAME	
STREET ADDRESS	2519 QUAIL AVE	STREET ADDRESS	500179238275
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	04/30/10--01007--006 **61.25
TITLE	AS	TITLE	
NAME	JONAS COSTNER	NAME	
STREET ADDRESS	2737 LANSDOWNE D	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	JUANITA COSTNER	NAME	
STREET ADDRESS	2737 LANSDOWNE DR	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	
TITLE	C	TITLE	
NAME	KATHY CUTLER	NAME	IN THIS SPACE
STREET ADDRESS	2519 QUAIL AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	RH
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Hary Cutler — 4-26-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #