FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24160** **(6)**

1. Corporation Name
HARMONY RIDGE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5536 HWY 90 WEST (32571) MILTON FL 32572	5536 HWY 90 WEST (32571) MILTON FL 32571 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1987
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2817877 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BULLINGTON, TIM 5417 DOUGLAS STREET MILTON FL 32570	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition Tr
NAME	HENDERSON, DAVID	1.2 NAME	Wolfe, Philip
STREET ADDRESS	104 BURBANK RD.	1.3 STREET ADDRESS	P.O. Box 1093 NA
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	D	2.1 TITLE	☒ Change ☐ Addition Tr
NAME	SMITH, ROBERT	2.2 NAME	Roberts, Luke
STREET ADDRESS	6049 LANSING DRIVE	2.3 STREET ADDRESS	5145 Cherry Blossom Lane
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	BULLINGTON, TIM	3.2 NAME	
STREET ADDRESS	5417 DOUGLAS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition Tr
NAME	PARKER, BUDDY	4.2 NAME	Wicks, Leonard
STREET ADDRESS	154 CHARLESTON CIRCLE	4.3 STREET ADDRESS	4519 Bell Lane
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	Pace, FL 32571
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tim Bullington Tim Bullington 3-21-95 (904)994-1551
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

07/94