

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1987

3a. Date of Last Report

06/06/1996

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULLINGTON, TIM**  
**5417 DOUGLAS STREET**  
**MILTON FL 32570**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, PHILIP	
STREET ADDRESS	P. O. BOX 1093 N/A	
CITY-ST-ZIP	PACE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BULLINGTON, TIM	
STREET ADDRESS	5417 DOUGLAS STREET	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WICKS, LEONARD	
STREET ADDRESS	4519 BELL LANE	
CITY-ST-ZIP	PACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roberts, Don	
1.3 STREET ADDRESS	4844 Shell Road	
1.4 CITY-ST-ZIP	Milton, FL 32583	
2.1 TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bushnell, John	
2.3 STREET ADDRESS	6106 Sheree Drive	
2.4 CITY-ST-ZIP	Milton, FL 32570	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mayo, Scott	
3.3 STREET ADDRESS	5856 Hermitage Circle	
3.4 CITY-ST-ZIP	Milton, FL 32510	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 SIGNATURE REQUIRED

CR2E037 (4/97)