**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N24160**

HARMONY RIDGE BAPTIST CHURCH, INC.

Principal Place of Business 5536 HWY 90 WEST (32571)

MILTON FL 32572

Mailing Address

5536 HWY 90 WEST (32571) MILTON FL 32572 -->

## **FILED** Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90044 042 \*\*\*\*61.25



|  | ace of Business  | 2a. Mailing Address                     | Mailing Address 5536 Highway 90 West |                                       | 3. Date Incorporated or Qualifed 12/30/1987       |                                       |            |
|--|--|---|--------------------------------------|---------------------------------------|---|---------------------------------------|------------|
| 21   | 4 _1.  | 26 3 3 3 5 Hight<br>Suite, Apt. #, etc. | ለነውን .`                              | IO MEZI                               | 4. FEI Number                                     | An                                    | olied For  |
| Suite, Apt. :  | #, etc.  | <b>⊢</b>                                | ,                                    |                                       | 59-2817877  | <del></del>                           | Applicable |
| City & State   |  | City & State                            |                                      | ·                                     |   | \$8.75                                |            |
| City & State   | •  | POCO FI                                 | l                                    |                                       | 5. Certificate of Status Desired                  | Fee Re                                |            |
| <b>23</b> ]<br>Zip   | Country  | Zip                                     | Countr                               | · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing                    | \$5.00                                | May Re     |
| —, ·   | 25   | — 3 √C ~ ~                              | 32571 30 USA                         |                                       | Trust Fund Contribution                           | · · · · · · · · · · · · · · · · · · · |            |
| 24   | 9. Name and Address of Current   |   |                                      |                                       | 10. Name and Address of New Registered            |                                       |            |
|  | 5. Haile and Address of Content  | Trogisterou Agent                       | 81                                   | Name                                  |   |                                       |            |
| DUIL BLOT  | OLI THE  |   | 82                                   |                                       |   |                                       |            |
| BULLINGTON, TIM  |  |   |                                      | Street Addre                          | ess (P.O. Box Number is Not Acceptable)           |                                       |            |
| 5417 DOUGLAS STREET  |  |   | 83                                   | 1                                     |   |                                       |            |
| MILTON F   | L 32570  |   |                                      |                                       |   |                                       |            |
|  |  |   | 84                                   | City                                  | FI  | 85 Zip 0                              | Code       |
| 11 Duminati  | to the provisions of Sections 617 0502   | 2 and 617 1508 Florida Statutes         | the abov                             | e-named como                          | vertion submits this statement for the nurnose of | changing its                          | registered |
| office or re   | egistered agent, or both, in the State on familiar with, and accept the obligation   | if Florida. Such change was autho       | orizea by                            | / tne corporatioi                     | n's board of directors. I hereby accept the appo  | intment as re                         | gistered   |
| SIGNATURE  |  |   |                                      |                                       | (when reinstating) DATE                           |                                       |            |
| Cigitatio, types of printed tests of the second sec |  |   | 13.                                  | ent signature required                | ADDITIONS/CHANGES TO OFFICERS A                   | ND DIRECTO                            | RS IN 12   |
|  |  | DELETE                                  | 1.1 TITLE                            | 1                                     | 7.00111011010101010101010101010101010101          | Change                                | Addition   |
| TITLE  | DODEDTE DON  |   | 1.2 NAME                             |                                       |   | _ ,                                   |            |
| NAME   | ROBERTS, DON   |   |                                      |                                       |   |                                       | l          |
| STREET ADDRESS   | 4844 SHELL ROAD  |   |                                      | T ADDRESS                             |   |                                       |            |
| CITY-ST-ZIP  |  |   | 1.4 CITY-8                           | ST-ZIP                                |   | Change                                | Addition   |
| TITLE  | · —  |   | 2.1 TITLE                            |                                       |   |                                       |            |
| NAME   | Botting on, Time   |   | 2.2 NAME                             |                                       |   |                                       |            |
| STREET ADDRESS   | 0111 0000010 0111  |   | 2.3 STREE                            | ET ADDRESS                            | يستري   |                                       |            |
| CITY-ST-ZIP  |  |   | 2. 4 CITY~                           | ST-ZIP                                |   |                                       | - Addition |
| TITLE  | D DELETE 3.1   |   | 3.1 TITLE                            |                                       |   | Change                                | Addition [ |
| NAME   | Bushnell, John   | 3.2 N                                   |                                      | ł                                     |   |                                       | 1          |
| STREET ADDRESS   | 6106 SHEREE DRIVE  |   | 3.3 STREE                            | ET ADDRESS                            |   |                                       | 1          |
| CITY-ST-ZIP  | MILTON FL  |   | 3.4. CITY-                           | ST-ZIP                                |   |                                       |            |
| TITLE  | D  | ☐ DELETE 4.1 T                          |                                      |                                       |   | Change                                | ☐ Addition |
| NAME   | MAYO, SCOTT  |   | 4. 2 NAME                            | :                                     |   |                                       | ļ          |
| STREET ADDRESS   | 5856 HERMITAGE CIRCLE  | IITAGE CIRCLE 43                        |                                      | T ADDRESS                             |   |                                       | -          |
| CITY-ST-ZIP  | MILTON FL  |   | 4.4 CITY-5                           | ST-ZIP                                |   |                                       |            |
| TITLE  |  | ☐ DELETE                                | 5.1 TITLE                            |                                       |   | Change                                | ☐ Addition |
| NAME   |  |   | 5.2 NAME                             |                                       |   |                                       |            |
| STREET ADDRESS   | :  |   | 5.3 STREE                            | ET ADDRESS                            |   |                                       |            |
| CITY-ST-ZIP  |  |   | 5.4 CITY-1                           | ST-ZIP                                |   |                                       | }          |
| TITLE  | The state of the s | ☐ DELETE                                | 6.1 TITLE                            | 1                                     |   | Change                                | Addition   |
| NAME   |  |   | 6.2 NAME                             | [                                     |   | -                                     |            |
| <b>!</b>   | 1  |   |                                      | ET ADDRESS                            |   |                                       | <b>\</b>   |
| STREET ADDRESS   |  |   |                                      |                                       |   |                                       | 1          |

CITY-ST-ZIP 14. 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 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, with all other like empowered.

