


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N24160 1. Entity Name HARMONY RIDGE BAPTIST CHURCH, INC.	
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Principal Place of Business 5536 HWY 90 WEST (32571) MILTON, FL 32571	Mailing Address 5536 HWY 90 W. PACE, FL 32571
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2817877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROUT, DAMIEN
8670 BERRYHILL STREET
MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000136182 04/28/04-80084-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, DON 4844 SHELL ROAD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROUT, DAMIEN 8670 BERRYHILL STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ZIEMBA, RICHARD 9541 SCENIC HIGHWAY PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BORGES, DAVID 5547 WOODRIDGE DR MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #