

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90406 009 ****61.25

DOCUMENT # N24160

1. Entity Name
HARMONY RIDGE BAPTIST CHURCH, INC.



Principal Place of Business
**5536 HWY 90 WEST (32571)
MILTON, FL 32571**

Mailing Address
**5536 HWY 90 W.
PACE, FL 32571**

40058010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2817877

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROUT, DAMIEN
8670 BERRYHILL STREET
MILTON, FL 32570**

Name **Bob Hadding**

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

4334 Crosswinds Drive

City **milton**

FL

Zip Code **32583**

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

4-1-06

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **ROBERTS, DON**
STREET ADDRESS **4844 SHELL ROAD**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE ☒ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **GROUT, DAMIEN**
STREET ADDRESS **8670 BERRYHILL STREET**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOODSON, CHARLES**
STREET ADDRESS **4873 TIMBERIDGE DRIVE**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HADDING, ROB**
STREET ADDRESS **2806 DONLEY STREET**
CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MCKEITHAN, JOANN**
STREET ADDRESS **5108 OAK GLEN DRIVE**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JoAnn McKeithan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 (850)994-8671
Date Daytime Phone #