2003 NOT-FOR-PROFIT CORPORATION

May 02, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **N24160** 05-02-2003 90402 024 ****61.25 1. Entity Name HARMONY RIDGE BAPTIST CHURCH, INC. Principal Place of Business Mailing Address UCULGIO 5536 HWY 90 WEST (32571) 5536 HWY 90 W. MILTON FL 32571 PACE FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2817877 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMIEN **BULLINGTON. TIM** Street Address (P.O. Box Number is Not Acceptable) 5417 DOUGLAS STREET MILTON FL 32570 8670 BERRYHILL STREET Zip Code 32570 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERTS, DON NAME NAME 4844 SHELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32583 Delete Change TITLE TITLE ☐ Addition GROUT, DAMIEN BULLINGTON, TIM NAME NAME 8670 BERRYHILL STREET 5417 DOUGLAS STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP MILTON FL 32570 CITY-ST-7IP MILTON, FL Delete Change TITLE TITLE ☐ Addition CARNLEY, DAVID RICHARD ZIEMBA NAME NAME 9541 SCENIC HIGHWAY 6612 LEEPAR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON FL 32583 CITY-ST-ZIP PENSACOLA, FL 32514 TITLE ☐ Delete TITLE Change ☐ Addition **BORGES. DAVID** NAME NAME 5547 WOODRIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P MILTON FL 32570 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME

12. It 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 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



FILED