FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9400001795 (3)

HARMONY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address 1014 MLK BLVD 1014 W DR. M L.KING 3. Date Incorporated or Qualified SEFFNER FL SEFFNER FL 33584 04/11/1994 Applied For 4. FEI Number 59-3223314 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ No ☐ Yes 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PEAVYHOUSE, RUSSELL K 82 Street Address (P.O. Box Number is Not Acceptable) 10002 PRINCESS PALM AVE 228 83 **TAMPA FL 33619** 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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE .						
	Signature, typed or printed name of registered agent and title If appl		tegistered Agent signature rec	<u> </u>	DIDECTOR	C 141 40
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition
HAME	LESTER C. ADAMS		1.2 NAME			
STREET ADDRESS	5417 E. MOBILE VILLA		1.3 STREET ADDRESS			
CITY-ST-ZIP	SEFFNER FL		1.4 CITY - ST - ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE		Change Change	☐ Addition
NAME	Hurshell, Bonnie		2.2 NAME			
STREET ADDRESS	7716 CONNECTICUT		2.3 STREET ADDRESS			
CITY-ST-ZW	TAMPA FL		2. 4 CITY - ST - ZIP	<u></u>		
TITLE	SD	DELETE	3.1 TITLE	·	☐ Change	Addition
NAME	ARNOLD MORRIS		3.2 NAME			
STREET ADDRESS	11407 BUCHANAN LN		3.3 STREET ADDRESS			
CITY-ST-ZIP	SEFFER FL		3.4. CITY-ST-ZIP			
TITLE	TD	DELETE	4.1 TITLE		Change	☐ Addition
NAME	KIRBY, HART		4. 2 NAME			
STREET ADDRESS	10606 BAY HILLS CIR		4.3 STREET ADDRESS			
CITY-ST-ZIP	THONOSASSA FL		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE		Change	Addition
NAME	ANDY FERNANDEZ		5.2 NAME			
STREET ADDRESS	115 LENTZ RD		5.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL		5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OTT TO			6 4 CITY, ST. 7IP			

14. 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: Lester of Policies IR COLOURY

1-22.98 313.744-573

FILED

May 01 1998 8:00am

Secretary of State

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