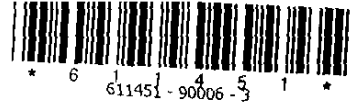


FILE NOW: FILING FEE IS \$61.25

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>N9400000 1795(3)</i>			
1. Corporation Name <i>HARMONY BAPTIST CHURCH INC</i>			
Principal Place of Business <i>6008 W. KNIGHTS CREEK</i> <i>PLANT CITY, FL. 33505</i>		Mailing Address <i>6008 W. KNIGHTS CREEK</i> <i>PLANT CITY, FL. 33505</i>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		9.11.94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59.3223314	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>PEABY HOUSE, RUSSELL H</i> <i>10002 PRINCESS PALM AVE</i> <i>SUITE 225</i> <i>TAMPA, FLA. 33619</i>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<i>P. Lester C. Adams</i>	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	<i>5413 MOBILE DR</i>			1.2 NAME			
STREET ADDRESS	<i>SEAFORD, FL. 33584</i>			1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	<i>W. HURSHALL BONNE</i>	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	<i>7716 CONNECTICUT</i>			2.2 NAME			
STREET ADDRESS	<i>TAMPA, FL. 33619</i>			2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	<i>J.D. Arnold Morris</i>	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	<i>11407 BOEHMAN LA</i>			3.2 NAME			
STREET ADDRESS	<i>SEAFORD, FL. 33584</i>			3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	<i>Theresa Hart</i>	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	<i>10608 RAY HILLS CIR</i>			4.2 NAME			
STREET ADDRESS	<i>TAMPA, FL. 33592</i>			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE: *Arnold Morris* *Arnold Morris* *8.20.99* *946.7165*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)