## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachme

SIGNATURE: 2

with an address, with all other like empowered

## FILED DOCUMENT # **N94000001795** May 07, 2000 8:00 am 1. Entity Name Secretary of State HARMONY BAPTIST CHURCH, INC. 05-07-2000 90021 005 \*\*\*\*61.25 Principal Place of Business Mailing Address 6008 W. KNIGHTS GRIFFIN 6008 W. KNIGHTS GRIFFIN PLANT CITY FL 33565 PLANT CITY FL 33565-3714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3223314 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PEAVYHOUSE, RUSSELL K 10002 PRINCESS PALM AVE 228 **TAMPA FL 33619** Zip Code City FL 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. CONTRACTOR OF SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Ŋ Addition CR2E037 (9/99) TITLE ☐ Change TITLE ☐ Delete JACH GAYLOR NAME LESTER C. ADAMS HAME 4201 W. SAM ALLE ES STREET ADDRESS STREET ADDRESS 5417 E. MOBILE VILLA PLANT CIM FI. 33565 CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL ☐ Change TITLE TITLE Delete CALMER HARDIN HURSHELL, BONNIE NAME NAME 5611 PATTACSO PO. --STREET ADDRESS STREET ADDRESS 7716 CONNECTICUT EINEVILW FI 33569 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL SD TITLE SD ☐ Change Addition TITLE Delete GUY ROGBUCH ARNOLD MORRIS NAME NAME SGOI U. TimpALG AS STREET ADDRESS STREET ADDRESS 11407 BUCHANAN LN WANT CIPS FI 33565 CITY-ST-ZIP CITY-ST-ZIP SEFFER FL ☐ Change (E) O Addition ☐ Delete TITLE lolans copeaus Jie TITLE KIRBY, HART NAME NAME 4806 H. COOPLE RS STREET ADDRESS STREET ADDRESS 10608 BAY HILLS CIR CITY-ST-ZIP CITY-ST-ZIP THONOSASSA FL ☐ Change ☐ Addition TITLE Delete TITLE ANDY FERNANDEZ NAME STREET ADDRESS STREET ADDRESS 115 LENTZ RD CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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

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