

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91784 004 ****61.25

DOCUMENT # N94000001795

1. Entity Name

HARMONY BAPTIST CHURCH, INC.

Principal Place of Business

**6008 W. KNIGHTS GRIFFIN
 PLANT CITY FL 33565
 US**

Mailing Address

**6008 W. KNIGHTS GRIFFIN
 PLANT CITY FL 33565
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3233314

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

**PEAVYHOUSE, RUSSELL K
 10002 PRINCESS PALM AVE 228
 TAMPA FL 33619**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **LESTER C. ADAMS**
 STREET ADDRESS **5417 E. MOBILE VILLA**
 CITY-ST-ZIP **SEFFNER FL**

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

TITLE **VD** ☐ Delete
 NAME **GAYLOR, JACK**
 STREET ADDRESS **4201 W SAM ALLEN RD**
 CITY-ST-ZIP **PLANT CITY FL 33565**

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

TITLE **SD** ☐ Delete
 NAME **ROEBUCK, F G**
 STREET ADDRESS **5601 N TINEDALE RD**
 CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **TD** ☐ Delete
 NAME **CORRALES, ROLAND JR**
 STREET ADDRESS **4806 N COOPER RD**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **TD** ☒ Change ☐ Addition
 NAME **CORRALES, ROLAND JR**
 STREET ADDRESS **4806 N COOPER RD**
 CITY-ST-ZIP **PLANT CITY, FL 33565**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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.

SIGNATURE:

Lester C. Adams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)