2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90269 039 ****61.25

DOCUMENT # N02000003543

1. Entity Name
BEAULAH LAND MINISTRIES, INC.

Principal Place of Business	Mailing Address
P O BOX 288 O'BRIEN, FL 32071 change address	P O BOX 288 O'BRIEN, FL 32071 change address
2. Principal Place of Business	3. Mailing Address
#5-CLASSIC CT. South	# 5-CLASSIC Ct. South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast, Fl.	City & State: Palm Coast, Fl.
Zip: 32137 Country: Flagler	Zip: 32137 Country: Flagler

04202004 Chg-NP CR2E037 (10/03)

4. FEI Number 33-1002586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSIER, PHYLLIS M
100 W CALL ST
STARKE, FL 32091

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

Filing Fee Is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAULEY, MUM W JR RT 22, BOX 2718 LAKE CITY, FL 32027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cauley MUN W. JR #5 CLASSIC CT South Palm Coast, Fl. 32137	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAULEY, LYNDA R RT 22, BOX 2718 LAKE CITY, FL 32027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cauley, Lynda R. #5 CLASSIC CT. South Palm Coast, Fl. 32137	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAWLINS, MELODIE B RT 22, BOX 2718 LAKE CITY, FL 32024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Mum W. Cauley JR. 4-20-04 386-246-6038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #