

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90029 017 ****61.25

DOCUMENT # N25874 1. Entity Name BEULAH HILL MISSIONARY BAPTIST CHURCH OF GRETNA, INC.					
Principal Place of Business P.O. BOX 418 MAIN ST. HWY 90 W. GRETNA, FL 32332-0418			Mailing Address P.O. BOX 418 MAIN ST. HWY 90 W. GRETNA, FL 32332-0418		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1901454 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01122005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent GRANT, HENRY G. 4411 GLORY RD GRETNA, FL 32332-0122			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD CARTER, MATTHEW M 1904-6 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANT, HENRY G 4411 GLORY ROAD GRETNA, FL 32332	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, HENRY JR. POST OFFICE BOX 541 GRETNA, FL 32332	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKLEY, JAWAND J POST OFFICE BOX 16 GRETNA, FL 32332	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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 _____			01/14/05 (850) 875-7255		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		