## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N25874**



Mar 18, 2003 8:00 am Secretary of State 1. Entity Name 03-18-2003 90062 021 \*\*\*\*61.25 BEULAH HILL MISSIONARY BAPTIST CHURCH OF GRETNA, Principal Place of Business Mailing Address P.O. BOX 418 P.O. BOX 418 MAIN ST. HWY 90 W. MAIN ST. HWY 90 W. 70030180 GRETNA FL 32332-0418 GRETNA FL 32332-0418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1901454 Applied For Not Applicable Zip Country Zip 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 GRANT, HENRY G. Street Address (P.O. Box Number is Not Acceptable) 4411 GLORY RD GRETNA FL 32332-0122 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BETHEA, CLAUDELL NAME STREET ADDRESS 205 CIRCLE DR STREET ADDRESS CITY-ST-ZIP GRETNA FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RILEY, JOHNNY M NAME STREET ADDRESS 1314 TINIMONS RD STREET ADDRESS CITY-ST-ZIP **QUINCY FL** CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME CLARY, DRITCHES NAME STREET ADDRESS 117 CAMELLIA DR STREET ADDRESS CITY-ST-ZIP QUNICY FL 32351 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition GRANT, HENRY G. NAME NAME STREET ADDRESS 4411 GLORY RD STREET ADDRESS CITY-ST-ZIP GRETNA FL 32332 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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:

Henry G. Grant 03/17/03 (850) 856-5185

**FILED**