

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708686 (1)**  
1. Corporation Name  
**BEULAH BAPTIST CHURCH OF LITHIA, FLORIDA, INC.**



Principal Place of Business  
**5300 BEULAH CHURCH ROAD  
LITHIA FL 33547**

Mailing Address  
**5300 BEULAH CHURCH ROAD  
LITHIA FL 33547**

3. Date Incorporated or Qualified  
**03/22/1965**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2617614</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**COOK, VERNON  
2840 NICHOLS RD.  
LITHIA FL 33547**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

### SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOUTHWELL, CHARLES A</b>	1.2 NAME	
STREET ADDRESS	<b>CAROLINA AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MULBERRY, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, VERNON</b>	2.2 NAME	
STREET ADDRESS	<b>2840 NICHOLAS RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITHIA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, GEORGE L</b>	3.2 NAME	
STREET ADDRESS	<b>9402 COUNTY LINE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITHIA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRISON, ELBARAE</b>	4.2 NAME	
STREET ADDRESS	<b>11809 LITHIA-PINECREST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITHIA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Elbarae Harrison* **T.D. Elbarae Harrison**

**4-16-96**

**813-737-2190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)