

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708686

1. Entity Name

BEULAH BAPTIST CHURCH OF LITHIA, FLORIDA, INC.

Principal Place of Business

Mailing Address

5300 BEULAH CHURCH ROAD
LITHIA FL 33547

5300 BEULAH CHURCH ROAD
LITHIA FLA 33547-5106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Nichols, Florida

Zip

Country

Zip

Country

33863-0327

4. FEI Number

59-2617614

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

COOK, VERNON
2840 NICHOLS RD.
LITHIA FL 33547

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 S ☐ Delete
NAME SOUTHWELL, CHARLES A
STREET ADDRESS CAROLINA AVE
CITY-ST-ZIP MULBERRY, FL 00000

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

TITLE D ☐ Delete
NAME COOK, VERNON
STREET ADDRESS 2840 NICHOLAS RD.
CITY-ST-ZIP LITHIA FL

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

TITLE PD ☐ Delete
NAME COLEMAN, GEORGE L
STREET ADDRESS 9402 COUNTY LINE RD
CITY-ST-ZIP LITHIA FL

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

TITLE TD ☐ Delete
NAME HARRISON, ELBARAE
STREET ADDRESS 11809 LITHIA-PINECREST
CITY-ST-ZIP LITHIA FL

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

TITLE D ☐ Delete
NAME HALL, GERALD
STREET ADDRESS 8902 PRITCHER ROAD
CITY-ST-ZIP LITHIA FL

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:

Elbarae Harrison
Elbarae Harrison

2-26-00 (813) 737-2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90066 015 ****61.25



DO NOT WRITE IN THIS SPACE