2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 7.08686 Apr 17, 2001 8:00 am Secretary of State 1. Entity Name BEULAH BAPTISTUCHURCHPÖFSLIFHTACHFRÖRIDA.INd. 04-17-2001 90035 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 5300 Beulah Church Rd. P.O. Box 327 Lithia, FL 33547 Nichols, FEL 733863-0327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 59-2617614 7in 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 Cook, Vernon Street Address (P.O. Box Number is Not Acceptable) 2840 Nichols Rd. Lithia, FL 33547 Zip Code City 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 9. Election Campaign Financing Make Check Payable to-FILE NOW: \$5.00 May Be Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change ☐ Delete TITLE NAME Southwell, Charles A STREET ADDRESS STREET ADDRESS Carolina Ave., Mulberry FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE Cook, Vernon 2840 Nichols Rd. NAME NAME STREET ADDRESS STREET ADDRESS Lithia, FL 33547 CITY-ST-ZIP CITY-ST-ZIP Delete. 💂 Change Addition TITLE TITLE P.D - -NAME NAME Coleman, George L. STREET ADDRESS STREET ADDRESS 9402 County Line Rd. CITY-ST-ZIP CITY-ST-ZIP <u>Lithia, FL 33547</u> TITLE ☐ Delete TITLE Change Addition TD NAME Harrison, Elbarae STREET ADDRESS STREET ADDRESS 11809 Lithia-Pinecrest Rd. Lithia, FL 33547 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME Hall, Gerald 8902 Pritcher Rd. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Lithia, FL 33547</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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.

Arrison Elbarae Harrison SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01 813-737-2190

Daytime Phone #