

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 708686

1. Entity Name
BEULAH BAPTIST CHURCH OF LITHIA, FLORIDA, INC.



FILED
Feb 21, 2005 08:00 AM
Secretary of State

Principal Place of Business
5300 BEULAH CHURCH ROAD
LITHIA FLA, 33547

Mailing Address
PO BOX 327
NICHOLS, FL 33863-0327



01072005 No Chg-NP CR2E037 (10/03)

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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

COOK, VERNON
2840 NICHOLS RD.
LITHIA, FL 33547

**DO NOT WRITE
IN THIS SPACE**

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

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

(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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SOUTHWELL, CHARLES A
CAROLINA AVE
MULBERRY, FL 33860

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOK, VERNON
2840 NICHOLAS RD.
LITHIA, FL 33547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COLEMAN, GEORGE L
9402 COUNTYLINE RD
LITHIA, FL 33547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HARRISON, ELBARAE
11809 LITHIA-PINECREST
LITHIA, FL 33547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALL, GERALD
8902 PRITCHER ROAD
LITHIA, FL 33547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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**

2-9-05

813-737-2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #