

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 708686**

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



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

Mailing Address  
PO BOX 327  
NICHOLS, FL 33863-0327

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**



02042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2617614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006

OK 12503

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 COUNTY LINE 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	

000000434110  
03/02/06-80013-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-15-06 813-737-2190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #