2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2004 08:00 AM Secretary of State **DOCUMENT # 719759** 1. Entity Name BEULAH PRIMITIVE BAPTIST CHURCH, OF CRAWFORDVILLE, FLORIDA, INC. Principal Place of Business Mailing Address 55 LOWER BRIDGE ROAD **5 LITTLE CREEK** CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3165184 Not Applicable Zip Country 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 Name BROWN, L.W. 5 LITTLE CREEK Street Address (P.O. Box Number is Not Acceptable) CRAWFORDVILLE FL 32327 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campalan Financina \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Change ☐ Delete ☐ Addition PHILLIPS, BENNIE NAME NAME U00000013964 360 BOSTICPELT ROAD STREET ADDRESS STREET ADDRESS 01/27/04-80004-002 61.25 CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition SANFORD, ROY F SR. NAME NAME 314 HILLIARDVILLE ROAD STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete Change ☐ Addition BROWN, LONNIE W NAME NAME 5 LITTLE CK DR STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 32327 CITY-ST-7IP CITY-ST-7IP DIDE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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

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