


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90015 006 \*\*\*\*61.25

<b>DOCUMENT # 719759</b>	
1. Entity Name <b>BEULAH PRIMITIVE BAPTIST CHURCH, OF CRAWFORDVILLE, FLORIDA, INC.</b>	

Principal Place of Business <b>55 LOWER BRIDGE ROAD CRAWFORDVILLE FL 32327</b>	Mailing Address <b>5 LITTLE CREEK CRAWFORDVILLE FL 32327</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number <b>59-3165184</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BROWN, L.W. 5 LITTLE CREEK CRAWFORDVILLE FL 32327</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, BENNIE			NAME	DECEASED		
STREET ADDRESS	360 BOSTICPELT ROAD			STREET ADDRESS			
CITY - ST - ZIP	CRAWFORDVILLE FL 32327			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANFORD, ROY F SR.			NAME			
STREET ADDRESS	314 HILLIARDVILLE ROAD			STREET ADDRESS			
CITY - ST - ZIP	CRAWFORDVILLE FL 32327			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, LONNIE W			NAME			
STREET ADDRESS	5 LITTLE CK DR			STREET ADDRESS			
CITY - ST - ZIP	CRAWFORDVILLE FL 32327			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	DONALD C. ROE		
STREET ADDRESS				STREET ADDRESS	87 ESTELLE DR		
CITY - ST - ZIP				CITY - ST - ZIP	CRAWFORDVILLE FL 32327		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lonnie W. Brown* **LONNIE W. BROWN DEACON** **2 FEB 06 926-7378**