


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN 30 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719759					
1. Entity Name BEULAH BAPTIST CHURCH OF CRAWFORDVILLE, FLORIDA, INC.					
Principal Place of Business 55 LOWER BRIDGE ROAD CRAWFORDVILLE, FL 32327			Mailing Address 5 LITTLE CREEK CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3165184	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, L.W. 5 LITTLE CREEK CRAWFORDVILLE, FL 32327				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____				300088727533 02/19/07--01039--014 **61.25	
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, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Pastor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROE, DONALD C			NAME	Michael K. Bowen
STREET ADDRESS	87 ESTELLE DR			STREET ADDRESS	55 Lower Bridge Rd.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327			CITY-ST-ZIP	Crawfordville, Fl 32327
TITLE	D	Delete <input type="checkbox"/>		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	Delete <input type="checkbox"/>		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		Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		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 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: <u>Michael K. Bowen</u>				MICHAEL K. BOWEN 1/30/07 410-5803	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	