

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



FILED

2008 MAY - 1 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/07)

<b>DOCUMENT # 719759</b>					
1. Entity Name <b>BEULAH 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>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3165184</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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
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 is required when restoring)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROE, DONALD C	NAME			
STREET ADDRESS	87 ESTELLE DR	STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	05/01/08--01008--001 **\$1.25 <input type="checkbox"/> Addition		
NAME	SANFORD, ROY F SR.	NAME			
STREET ADDRESS	314 HILLIARDVILLE ROAD	STREET ADDRESS	<b>300127945303</b>		
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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWEN, MICHAEL K	NAME			
STREET ADDRESS	55 LOWER BRIDGE 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	<b>TAYLOR, KENST</b>	NAME			
STREET ADDRESS	<b>220 FULTON HARDY RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CRAWFORDVILLE, FL 32327</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STEVENS, TERRY</b>	NAME			
STREET ADDRESS	<b>9922 MRS MYRS WAY</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32305</b>	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: