

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719759

FILED
Mar 09, 2009
Secretary of State

Entity Name: BEULAH BAPTIST CHURCH OF CRAWFORDVILLE, FLORIDA, INC.

Current Principal Place of Business:

55 LOWER BRIDGE ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

5 LITTLE CREEK
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3165184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, L.W.
5 LITTLE CREEK
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROE, DONALD C
Address: 87 ESTELLE DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: TAYLOR, KENT
Address: 220 FULTON HARVY ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BROWN, LONNIE W
Address: 5 LITTLE CK DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P () Delete
Name: BOWEN, MICHAEL K
Address: 55 LOWER BRIDGE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: STEVENS, TERRY
Address: 9922 MRS MYRT WAY
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IMOGENE SANFORD

TREA

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date