

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719759

FILED
Feb 16, 2012
Secretary of State

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

Current Principal Place of Business:

55 DR. MARTIN LUTHER KING JR. MEMORIAL ROA
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

314 HILLIARDVILLE RD
CRAWFORDVILLE, FL 32327 US

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:

SANFORD, IMOGENE RA
314 HILLIARDVILLE RD
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: DEAC
Name: STEVENS, RAYMOND T DEACON
Address: 9922 MRS MYRT WAY
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: DEAC
Name: TAYLOR, ROBERT K DEACON
Address: 220 FULTON HARVY ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DEAC
Name: FLETCHER, BART DEACON
Address: 16C GUINEVERE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: DEAC
Name: GREENE, WILLIAM DEACON
Address: 55 DR MARTIN LUTHER KING JR MEMORIAL RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: PAST
Name: BOWEN, MICHAEL K PASTOR
Address: 55 DR. MARTIN LUTHER KING JR. MEMORIAL RD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

I hereby 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 all other like empowered.

SIGNATURE: IMOGENE N SANFORD

TREA

02/16/2012

Electronic Signature of Signing Officer or Director

Date