

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/96: \$184 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 JUL -3 AM 9:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 738766 (5)**

1. Corporation Name  
**BEULAH CHURCH ASSEMBLIES OF GOD, INC.**

*7602 N. Florida Ave Tampa FL 33604*

Principal Place of Business Mailing Address  
**8202 MAPLE CREST PLACE TAMPA FL 33615**      **8202 MAPLE CREST PLACE TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/20/1977</b>	3a. Date of Last Report <b>02/09/1994</b>
4. FEI Number <b>59-3004957</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 193.013 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt #, etc	26 State, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 County	29 County
25 Country	30 Country

9. Name and Address of Current Registered Agent

**BENITEZ, EMILIO**  
**8202 MAPLE CREST PLACE**  
**TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (Title) Registered Agent signature required when registering (Title)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENITEZ, EMILIO
STREET ADDRESS	8202 MAPLE CREST PL
CITY, ST, ZIP	TAMPA FL
TITLE	TD
NAME	RODRIGUEZ, ALICIA
STREET ADDRESS	10804 N LEO ST
CITY, ST, ZIP	TAMPA FL
TITLE	SD
NAME	BURGOS, MIRIAM
STREET ADDRESS	8935 BEELEER DR
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TD Carmen Carraballo
23 STREET ADDRESS	4010 Cedar Limb Ct.
24 CITY, ST, ZIP	Tampa, FL 33614
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD Joana Acevedo
33 STREET ADDRESS	2250 Blue Spruce Way
34 CITY, ST, ZIP	Tampa, FL 33604
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Emilio Benitez (Pastor)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

6-28-95 vs 886-3743

CR2037 (3/95)