

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **738766** (5)
1. Corporation Name
BEULAH CHURCH ASSEMBLIES OF GOD, INC.



Principal Place of Business: 7602 N FLORIDA AVENUE, TAMPA FL 33604, US
Mailing Address: 7602 N FLORIDA AVENUE, TAMPA FL 33604, US

3. Date Incorporated or Qualified: 04/20/1977
3a. Date of Last Report: 07/03/1995
4. FEI Number: 59-3004957
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Same
2a. Mailing Address: 26 Same
22 Suite, Apt. #, etc.: Same
27 Suite, Apt. #, etc.:
23 City & State: Same
28 City & State:
24 Zip: Same 25 Country: Same 29 Zip: 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
FL 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	BENITEZ, EMILIO	1.2 NAME
STREET ADDRESS	8202 MAPLE CREST PL	1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP
TITLE	TD	2.1 TITLE
NAME	CARABALLO, CARMAN	2.2 NAME
STREET ADDRESS	4010 CEDAR LIMB CIRCLE	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE
NAME	ACEVEDO, JOANA	3.2 NAME
STREET ADDRESS	2250 BLUE SPRICE WAY	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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 Section 119.07(3)(k), 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 Date: 1-21-96 Daytime Phone #: 813-886-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)