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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 738766 (5)

1. Corporation Name

BEULAH CHURCH ASSEMBLIES OF GOD, INC.



Principal Place of Business

Mailing Address

7602 N FLORIDA AVENUE
TAMPA FL 33604
US

7602 N FLORIDA AVENUE
TAMPA FL 33604-4106
US

3. Date Incorporated or Qualified
04/20/1977

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3004957

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENITEZ, EMILIO
8202 MAPLE CREST PLACE
TAMPA FL 33615

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DIRECTOR
NAME BENITEZ, EMILIO
STREET ADDRESS 8202 MAPLE CREST PL
CITY-ST-ZIP TAMPA FL

11 TITLE President
12 NAME Benitez Emilio
13 STREET ADDRESS 8202 Maplecrest Pl
14 CITY-ST-ZIP Tampa FL 33615

TITLE TD
NAME CARABALLO, CARMAN
STREET ADDRESS 4010 CEDAR LIMB CIRCLE
CITY-ST-ZIP TAMPA FL

21 TITLE Treasurer
22 NAME C.C.
23 STREET ADDRESS 4506 Dean
24 CITY-ST-ZIP 2250 Blue Spruce W. Tampa FL 33604

TITLE SD
NAME ACEVEDO, JOANA
STREET ADDRESS 2250 BLUE SPRUCE WAY
CITY-ST-ZIP TAMPA FL

31 TITLE Secretary
32 NAME H.C.
33 STREET ADDRESS 7000 N. Gandy St. Tampa FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rev Emilio Benitez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12697

Date

Daytime Phone # 0047148

CR2E037 (9/96)