

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90046 002 ****61.25

DOCUMENT # 738766

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3004957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, ISRAEL
1514 MERIDEL AVE.
TAMPA FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GARCIA, ISREAL**
STREET ADDRESS **1514 MERIDEL AVENUE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **TD** ☐ Change ☒ Addition
NAME **Freddie Garcia Jr.**
STREET ADDRESS **2912 E. Crawford ST.**
CITY-ST-ZIP **Tampa Fl 33610-1124**

TITLE **TD** ☒ Delete
NAME **CRUZ, RAFAEL**
STREET ADDRESS **1014 W. OHIO AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **T** ☐ Change ☐ Addition
NAME **GARCIA, DORIS**
STREET ADDRESS **7602 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **T** ☐ Delete
NAME **GARCIA, DORIS**
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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Isreal Garcia **Isreal Garcia** **4-8-01 (232-8462)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)