

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746472

1. Entity Name

BEULAH MISSIONARY BAPTIST CHURCH, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90164 011 ****61.25

Principal Place of Business 916 IONIA STREET JACKSONVILLE FL 32206-5658	Mailing Address 916 IONIA STREET JACKSONVILLE FL 32206-5658
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2860461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, RICHARD
8528 BENGALIN AVENUE
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
SEE 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

TITLE	D <input type="checkbox"/> Delete
NAME	STROY, WALTER D
STREET ADDRESS	2507 MELSON
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BATES, ALLEN DEACON
STREET ADDRESS	2172 WEST 14TH
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	TRUSTEE <input type="checkbox"/> Delete
NAME	GOLPHIN, GEORGE A
STREET ADDRESS	2319 WEST ALEMEDA
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	DEACON <input type="checkbox"/> Delete
NAME	TURNTIME, WILLIE
STREET ADDRESS	1119 PHELPS
CITY-ST-ZIP	JACKSONVILLE, FL. 32206
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowers.

SIGNATURE: *WALTER D STROY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/30/00**
 Daytime Phone # _____

CR2E037 (9/99)