


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90081 050 \*\*\*\*61.25

**DOCUMENT # 746472**  
1. Entity Name  
**BEULAH MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address  
**916 IONIA STREET**      **916 IONIA STREET**  
**JACKSONVILLE FL 32206-5658**      **JACKSONVILLE FL 32206-5658**

**94068436**



MOORE      CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-2860461**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Richard Harris*      DATE: **4-20-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>D</b> <b>STROY, WALTER D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2507 MELSON</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE NAME	<b>D</b> <b>NIXON, MARY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>916 IONIA STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206-5658</b>	
TITLE NAME	<b>T</b> <b>GOLPHIN, GEORGE A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2319 WEST ALEMEDA</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

SIGNATURE: *Walter Stroy*      **WALTER STROY**      DATE: **4-20-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #