


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90041 032 \*\*\*\*70.00

<b>DOCUMENT # 746472</b>					
1. Entity Name <b>GREATER BEULAH MISSIONARY BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>9550 RIBAUT AV JACKSONVILLE, FL 32208</b>			Mailing Address <b>9550 RIBAUT AVE JACKSONVILLE, FL 32208</b>		
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 <b>59-2860461</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DEMPS, JAMES A JR 9550 RIBAUT AVENUE JACKSONVILLE, FL 32208</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STROY, WALTER D</b>	NAME			
STREET ADDRESS	<b>2507 MELSON</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32205</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NIXON, MARY</b>	NAME			
STREET ADDRESS	<b><del>946 JONIA STREET</del> 9550 RIBAUT AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL <del>322080056</del> 32208</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GOLPHIN, GEORGE A</b>	NAME			
STREET ADDRESS	<b>2319 WEST ALEMEDA</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



06172006 Chg-NP CR2E037 (4/06)

**\$8.75 Additional  
Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Walter D Stroy Jun 18, 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #