2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 05, 2006 8:00 am **DOCUMENT # 746991** Secretary of State 1. Entity Name .\* 05-05-2006 90156 036 \*\*\*\*61.25 BEULAH BAPTIST CHURCH OF FRUITLAND, INC. Mailing Address Principal Place of Business 106 BEULAH CHURCH RD CRESCENT CITY FL 32112 PO BOX 381 GEORGETOWN FL 32139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-2340154 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYONS, JUANITA Street Address (P.O. Box Number is Not Acceptable) 1391 COUNTY RD 309 **GEORGETOWN FL 32139** Crescent 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. 4/26/06 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Fletcher Change TSC TITLE Delete TITLE LLIS ECKER, CAROL NAME 2031 PARK AVE 445 UNION AVE STREET ADDRESS STREET ADDRESS City, FI A 32112 CRESCENT CITY FL 32112 crescent CITY - ST - ZiP CITY-ST-7IP ☐ Addition TITLE Delete TITLE FLETCHER, JOHN F NAME NAME 203 PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESCENT CITY FL 32113 CITY-ST-ZIP TITLE TITLE X Delete Change ☐ Addition NAME BROOKER, JAMES NAME Kenneth 109 SEULAH CHURCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESCENT CITY FL 32112 CITY-ST-ZIP Delete TITLE TITLE ☐ Addition mulLins LYONS, JUANITA STREET ADDRESS 1391 COUNTY RD 309 STREET ADDRESS P.O. Box 301 GEORGETOWN FL 32139 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CCTY+ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED** 

GIGNATURE: Phyllia a. Fletcher 4/26/06 386-467-9034