


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 21 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746991			
1. Entity Name BEULAH BAPTIST CHURCH OF FRUITLAND, INC.			
Principal Place of Business 106 BEULAH CHURCH RD CRESCENT CITY, FL 32112		Mailing Address PO BOX 381 GEORGETOWN, FL 32139	
Beulah Baptist Church of Fruitland, Inc.			
2. Principal Place of Business - No P.O. Box # 106 Beulah Church Rd.		3. Mailing Address P.O. Box 381	
Suite, Apt. #, etc. Crescent City, FL		Suite, Apt. #, etc. Georgetown, FL	
City & State		City & State	
Zip 32112	Country Putnam	Zip 32139	Country Putnam
6. Name and Address of Current Registered Agent LYONS, JUANITA 1391 COUNTY RD 309 GEORGETOWN, FL 32139		7. Name and Address of New Registered Agent Name: Juanita Lyons Street Address (P.O. Box Number is Not Acceptable) 1391 Co. Rd. 309 Georgetown, FL City: Georgetown, FL Zip Code: 32112	
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: Juanita Lyons - Church Clerk		DATE: 6-20-08	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CC LYONS, JUANITA P O BOX 117 GEORGETOWN, FL 32139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLETCHER, JOHN F 203 PARK AVE CRESCENT CITY, FL 32113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS BROOKS, JAMES 105 BEULAH CHURCH RD CRESCENT CITY, FL 32112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MULLINS, ANNE PO BOX 301 WELAKA, FL 32183 <input checked="" type="checkbox"/> Delete	T Mildred Franks 122 Shaffer Ave. Crescent City, FL 32112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Juanita Lyons		DATE: 6-20-08 386-4671956	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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