

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757694

FILED
Feb 04, 2009
Secretary of State

Entity Name: BEALSVILLE, INCORPORATED

Current Principal Place of Business:

5401 HORTON ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

5104 HORTON ROAD
PLANT CITY, FL 33567

Current Mailing Address:

P.O. BOX 3623
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-2344868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, HENRY M
2104 E. BEAL RD.
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, HENRY M
Address: 2104 E. BEAL RD.
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: THOMAS, WILLIAM
Address: 5602 JOE KING RD
City-St-Zip: PLANT CITY, FL 33567

Title: TD () Delete
Name: INGRAM, ARTHUR
Address: 4701 SMITH RYALS RD
City-St-Zip: PLANT CITY, FL 33567

Title: SD () Delete
Name: ROGERS HARGRETT, VIRGINIA
Address: 2502 STATE RD 60 EAST
City-St-Zip: PLANT CITY, FL 33567

Title: FSD () Delete
Name: CUNNINGHAM, G.S.
Address: 5009 HORTON RD.
City-St-Zip: PLANT CITY, FL 33567

Title: CD () Delete
Name: HARGRETT, HERMAN J.
Address: 2502 STATE RD 60 EAST
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN THOMAS

ED

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date