PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L86332

1. Corporation Name

BEULAH	's pre-k and learning	CENTER, INC.								
Principal Place	e of Business	Mailing Address					4 CORFIDIT DAS PALLA AFIRM STREM TELLA CIDA AL	iti mikii didis Bikii di	Alt Bilkti (AAI	
C/O BEULAH BLACK 1506 WEST AVERY STREET PENSACOLA FL 32501 C/O BEULAH BLACK 1506 WEST AVERY STREET PENSACOLA FL 32501 PENSACOLA FL 32501			REET				DO NOT WRITE IN T	HIS SPACE		
							3. Date Incorporated or Qualifed			
							07/06/1990			
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number		plied For	
21		26					59-3016822		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27				5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State	e	City & State	-				6. Election Campaign Financing	\$5.00		
23		28					Trust Fund Contribution	Added to	o Fees	
Zip	, Country	Zip		ountry	,		8. This corporation owes the current yea		□No	
24	25	29	30	_		1	Personal Property Tax. 10. Name and Address of New Register		טאט	
	9. Name and Address of Curre	ent Registered Agent		81	Name		IV. Name and Address of New Register	eu Agent		
	CK, BEULAH			82		4 44-55	o /D O Day Number is Not Assentable)			
612 WEST MORENO STREET PENSACOLA FL 32501		•			Sileer	Houles	ddress (P.O. Box Number is Not Acceptable)			
PENS	SACULA FL 32501			83						
				84	City			FL 85 Zip C	Code	
office or f	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change waterions of, Section 607.0505.	as authoriza Florida Sta	ed by atutes	tne corpo	oration	ation submits this statement for the purpos is board of directors. I hereby accept the appearance of the purpose is board of directors. I hereby accept the appearance of the purpose is board of the	bbolutulaut as teé	gistered	
TITLE	D OFFICERS A	DELETI		TITLE		_		☐ Change	Addition	
NAME	BLACK, WANDA	_		NAME	ŀ					
STREET ADDRESS	1505 WEST AVERY ST.		13	STREET	TADDRESS					
CITY-ST-ZIP	PENSACOLA FL			CITY-S						
TILE	D	☐ DELET	- 1	TITLE	-		-	☐ Change	☐ Addition	
NAME	BLACK, BEULAH		2.2	NAME						
STREET ADDRESS	1505 WEST AVERY ST.		2.3	STREE	TADORESS					
CITY-ST-ZIP	PENSACOLA FL	ا المراجعة	2.4	CITY-S	ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·	- -		
TITLE		DELET!	3.1	TITLE				Change	☐ Addition	
NAME			3.2	NAME						
STREET ADDRESS			3.3	STREE	TADDRESS					
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP					
πιε		☐ DELETI	4.1	TITLE				Change	☐ Addition	
NAME			4.2	NAME	1					
STREET ADDRESS			4.3	STREE	TADDRESS					
CITY-ST-ZIP			4.4	CITY-S	T-ZIP					
TITLE		☐ DELETI	5.1	TITLE				Change	☐ Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREE	TADORESS		•			
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE		☐ DELET		TITLE				Change	☐ Addition	
NAME	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		6.2	NAME		,				
STOCET ADDOCCO	[8] [XX]		6.3	STREE	TADDRESS					

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90045 042 ***150.00