


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N00000005598*

1. Entity Name *BEULAH LAND Temple, of God Church, INC.*



FILED
05 SEP 26 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1501 EAST CROSS ST.*
Suite, Apt. #, etc. *—*

3. Mailing Address *1501 EAST CROSS ST.*
Suite, Apt. #, etc. *—*

City & State *PENSACOLA FLA* City & State *PENSACOLA, FLA*

Zip *32503* Country *ESCAMBIA* Zip *32503* Country *ESCAMBIA*

DO NOT WRITE IN THIS SPACE

TR 927

4. FEI Number *59-370 1758* Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Bishop IRENE PITHS*

Street Address (P.O. Box Number is Not Acceptable) *1501 EAST CROSS ST.*

City *PENSACOLA, FLA* FL Zip Code *32503*

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|---|--|---|
| TITLE (P) <i>PASTOR/COUNSELOR (PRESIDENT)</i> NAME <i>IRENE PITHS</i> STREET ADDRESS <i>1501 EAST CROSS ST. (I.P.)</i> CITY-ST-ZIP <i>PENSACOLA, FLA 32503</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>300059906243</i> <i>09/26/05--01002--016 *\$61.25</i> |
| TITLE (T) <i>(TREASURER)</i> NAME <i>MARILYN JERRALDS (M.J.)</i> STREET ADDRESS <i>1851 GABLE RIDGE TURN #304</i> CITY-ST-ZIP <i>WOOD BRIDGE, VA 22191</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE (S) <i>(SECRETARY)</i> NAME <i>DANIELLE DICKERSON (DD)</i> STREET ADDRESS <i>208 HATCHERS RUN CT</i> CITY-ST-ZIP <i>STAFFORD VA 22554</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bishop Irene Piths, Pastor/Founder - Sept 2, 2005 - (850) 4358321*

CR2E037B (12/02)