


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

07-03-2008 90014 022 \*\*\*\*61.25

<b>DOCUMENT # N00000005598</b>					
<b>1. Entity Name</b> BEULAH LAND TEMPLE OF GOD CHURCH, INCORPORATED					
<b>Principal Place of Business</b> 1501 EAST CROSS ST. PENSACOLA, FL 32503			<b>Mailing Address</b> 1501 EAST CROSS ST. PENSACOLA, FL 32503		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3701758	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PITTS, IRENE 1501 EAST CROSS ST. PENSACOLA, FL 32503			Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <input checked="" type="checkbox"/> P <input type="checkbox"/> Delete <b>NAME</b> PITTS, IRENE <b>STREET ADDRESS</b> 1501 EAST CROSS ST. <b>CITY- ST- ZIP</b> PENSACOLA, FL 32503	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____				
<b>TITLE</b> <input checked="" type="checkbox"/> T <input type="checkbox"/> Delete <b>NAME</b> JERRALDS, MARILYN <b>STREET ADDRESS</b> 1851 GABLE RIDGE TURN #304 <b>CITY- ST- ZIP</b> WOODBRIDGE, VA 22191	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____				
<b>TITLE</b> <input checked="" type="checkbox"/> S <input type="checkbox"/> Delete <b>NAME</b> DICKERSON, DANIELLE M <b>STREET ADDRESS</b> 208 HATCHERS RUN COURT <b>CITY- ST- ZIP</b> STAFFORD, VA 22554	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY- ST- ZIP</b> _____				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Bishop Irene Pitts - PASTOR/FOUNDER</i> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <i>BISHOP IRENE PITTS</i> <b>DATE</b> <i>JUNE 19, 2008</i> <b>Daytime Phone #</b> <i>(850) 435 8321</i>					