2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (USR)

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Jul 29, 2003 8:00 am
Secretary of State
Secretary of State
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DOCUMENT # N0000005598 BEULAH LAND TEMPLE OF GOD CHURCH, INCORPORATED Principal Place of Business Mailing Address 55052640 ISON EAST CROSS ST. 1501 EAST CROSS ST. PENSACOLA FL 32503 Pensacola Fl 32503 2. Principal Place of Business 3. Mailing Address 501 EAST 501 EAST CR OSS Suite, Apt, #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Poity & State
PENSACO Applied For City & State 4. FEI Number 59-3701758 *3250*3 ENSACO/A Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired 32503 32503 SCARDI A Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent. Narra مع : " پانگوا سویی *گ* PITTS, IRENE Street Address (P.O. Box Number is Not Acceptable) 1501 EAST CROSS ST. PENSACOLA FL 32503 - laktua 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tale if applicable DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution, Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DIPITTS, IRENE Presiden TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS 1501 EAST CROSS ST. STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition JERRALDS, MARILYN W NAME STREET ADDRESS 11851 GABLERIDGE TURN STREET ADDRESS CITY-ST-7IP WOODBRIDGE VA 22191 CITY-SY-71P ASD TITLE TITLE Chance -Addition DICKERSON, DANIELLE M NAME 208 HATCHERS RUN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STAFFORD VA 22554 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone 6