

2002 UNIFORM BUSINESS REPORT (UBR)

0002111

DOCUMENT # N01000002549

1. Entity Name

BEULAH MISSIONARY BAPTIST CHURCH OF FT. MEADE, I NC.

FILED

02 JUL 23 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

702 S. FRENCH AVE.
FT. MEADE FL 33841

702 S. FRENCH AVE.
FT. MEADE FL 33841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, DOROTHY W
702 S. FRENCH AVE.
FT. MEADE FL 33841

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS IN

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
SMITH, LINWOOD JR
STREET ADDRESS 795 S. WILSON AVE.
CITY-ST-ZIP BARTOW FL 33830

TITLE NAME ☐ Change ☒ Addition
George C. E.O.
STREET ADDRESS George Williams
CITY-ST-ZIP 822 S. French Ave. Ft. Meade, FL 33841

TITLE NAME ☐ Delete
WILLIAMS, CHARLES H
STREET ADDRESS 3708 ORANGE POINTE RD.
CITY-ST-ZIP VALRICO FL 33594

TITLE NAME ☐ Change ☐ Addition
800006591128-3
-07/23/02--01052--001
*****61.25 *****61.25

TITLE NAME ☐ Delete
FREEMAN, RUDOLPH
STREET ADDRESS 421 SE 9TH ST.
CITY-ST-ZIP FT. MEADE FL 33841

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
WILLIAMS, WILLIE C
STREET ADDRESS 801 S. MORRISON AVE.
CITY-ST-ZIP FT. MEADE FL 33841

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
WILLIAMS, WENDELL SR
STREET ADDRESS 760 5TH AVE.
CITY-ST-ZIP BARTOW FL 33830

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-23-02

CR2E037 (9/01)