

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000002549

1. Entity Name
BEULAH MISSIONARY BAPTIST CHURCH OF FT.
MEADE, INC.



Principal Place of Business
702 S. FRENCH AVE.
FT. MEADE, FL 33841

Mailing Address
702 S. FRENCH AVE.
FT. MEADE, FL 33841

FILED
04 JUN -1 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282003 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, LINWOOD JR 795 S. WILSON AVE. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CHARLES H 3708 ORANGE POINTE RD. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEMAN, RUDOLPH 421 SE 9TH ST. FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, WILLIE C 801 S. MORRISON AVE. FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, WENDELL SR 760 5TH AVE. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WILLIAMS, GEORGE L REV 822 SO FRENCH AVE FT MEADS, FL 33841

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06/09/04--01065--007 **150.00

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

SIGNATURE:

[Handwritten Signature] P.C.E. 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #