

# 2006 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  
06 FEB -9 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

500065847625  
02/14/06--01049--003 \*\*61.25

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IN THIS SPACE**

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.

SIGNATURE: *Rev. George L. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/06*  
Date

Daytime Phone #