

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2008  
Secretary of State**

DOCUMENT# N01000003506

**Entity Name:** NEW BEULAH MISSIONARY BAPTIST CHURCH OF HAINES CITY, INC.

**Current Principal Place of Business:**

1706 NORTH 12TH ST.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1939  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** 59-3799134      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWARD, III, DOLPHUS  
2713 ORCHID DRIVE  
HAINES CITY, FL 33844      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD      ( ) Delete  
Name: JOHNSON, ERSLEY  
Address: 1010 BATES ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: TD      ( ) Delete  
Name: COBB, JOHN  
Address: 22 TANGELO DR.  
City-St-Zip: HAINES CITY, FL 33844

Title: SD      ( ) Delete  
Name: HOWARD, JOSEPHINE  
Address: 2711 ORCHID DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: PD      ( ) Delete  
Name: HOLT, ALONZO  
Address: 1440 BATES RD.  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLPHUS HOWARD

RA

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date