

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009323

FILED
Mar 21, 2009
Secretary of State

Entity Name: BEULAH MISSIONARY BAPTIST CHURCH OF AVON PARK INC.

Current Principal Place of Business:

1017 SOUTH DELANEY AVE
AVON PARK, FL 33826

New Principal Place of Business:

Current Mailing Address:

PO BOX 308
AVON PARK, FL 338260308 US

New Mailing Address:

FEI Number: 32-0217577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, ESSIE N
1206 SOUTH PINECREST AVE
AVON PARK, FL 33826 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: DP () Delete
Name: CARTER, COLUMBUS L
Address: 4012 PORPOISE DRIVE SOUTH EAST
City-St-Zip: ST PETERSBURG, FL 33705

Title: DV () Delete
Name: BELL, JULIUS
Address: 211TULANE DR.
City-St-Zip: AVON PARK, FL 33825

Title: DT () Delete
Name: COLEMAN, EDDIE L
Address: 402 WEST 4TH STREET
City-St-Zip: AVON PARK, FL 33825

Title: ST () Delete
Name: GRAY, ESSIE N
Address: 1206 SOUTH PINECREST AVE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: BATES, LOUIS E SR.
Address: 3121 W. TAUNTON ROAD
City-St-Zip: AVON PARK, FL 33825

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: LOUIS E. BATES SR.

DT

03/21/2009

Electronic Signature of Signing Officer or Director

Date