

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02987

FILED
Feb 04, 2009
Secretary of State

Entity Name: MT. BEULAH BAPTIST CHURCH CEMETERY MAINTENANCE, INC.

Current Principal Place of Business:

STANSEL, BOBBY, E
5549 164TH ST
WELLBORN, FL 32094 US

New Principal Place of Business:

STANSEL, DWIGHT E.
5386 164TH ST
WELLBORN, FL 32094 US

Current Mailing Address:

C/O BETTY CARKE
P.O. BOX 613
LIVE OAK, FL 32064

New Mailing Address:

C/O BETTY CARVER
P.O. BOX 613
LIVE OAK, FL 32064

FEI Number: 59-2338886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANSEL, BOBBY E
5549 164TH ST
WELLBORN, FL 32094 US

Name and Address of New Registered Agent:

STANSEL, DWIGHT E
5386 164TH ST
WELLBORN, FL 32094 US

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: DWIGHT STANSEL

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STANSEL, BOBBY E.,
Address: 5549 164TH ST.
City-St-Zip: WELLBORN, FL 32094

Title: VD () Delete
Name: STANSEL, DWIGHT E
Address: 5386 164TH STREET
City-St-Zip: WELLBORN, FL 32094

Title: STD () Delete
Name: CARVER, BETTY
Address: P.O. BOX 613
City-St-Zip: LIVE OAK, FL 32064

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:

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: BETTY CARVER

STD

02/04/2009

Electronic Signature of Signing Officer or Director

Date