



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N04000003753 |  |
| 1. Entity Name ST. BULAH MISSIONARY BAPTIST CHURCH INC. | |

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| Principal Place of Business 2510 AVENUE R FORT PIERCE, FL 34950 | Mailing Address 1102 NORTH 37TH STREET FORT PIERCE, FL 34947 |
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DO NOT WRITE IN THIS SPACE



08272007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 77-0630655 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BEA, WILLIE A JR.
1102 NORTH 37TH STREET
FORT PIERCE, FL 34947

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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 _____

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| Filing Fee is \$61.25 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000773200 09/05/07-80001-014 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEA, WILLIE A JR. 1102 NORTH 37TH STREET FORT PIERCE, FL 34947 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BEA, ERNESTINE 1102 NORTH 37TH STREET FORT PIERCE, FL 34947 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMILTON, DORETHA 1720 S. 17TH CIRCLE FORT PIERCE, FL 34950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Ernestine Bea **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 9/30/07 Daytime Phone # 772-489-4421