


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003753 1. Entity Name ST. BULAH MISSIONARY BAPTIST CHURCH INC.	
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**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

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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07302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000958853 09/03/08-80005-014 61.25
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10. OFFICERS AND DIRECTORS

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	

**DO NOT WRITE 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: Ernestine Bea 8/29/2008 712-489-4412 /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #