


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # N04000005188		
1. Entity Name BEULAH FIREFIGHTERS COMMUNITY IMPROVEMENT ASSOCIATION, INC.		
Principal Place of Business 6400 WEST NINE MILE ROAD PENSACOLA, FL 32526	Mailing Address 6400 WEST NINE MILE ROAD PENSACOLA, FL 32526	
DO NOT WRITE IN THIS SPACE		



07022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
74-3152502

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent RODRIQUE, GREGORY S 8775 REBEL RD PENSACOLA, FL 32526
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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

Gregory S. Rodrigue
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/07

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCNAIR, YANCY 6633 FRANK REEDER RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMBETH, JASON 9929 ELERAL RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERCHER, PHYLLIS 8701 PHELPH LN PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIQUE, GREGORY S 8775 REBEL ROAD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, JOYCE 7450 LA-QUINTA RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WHITE, DAVID 10465 TOWER RIDGE RD PENSACOLA, FL 32526

U00000767794
07/10/07-80019-021 70.00

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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:

Gregory S. Rodrigue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #