2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000005188

BEULAH FIREFIGHTERS COMMUNITY IMPROVEMENT ASSOCIATION, INC.



TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Anuses.

FILED Mar 10, 2008 8:00 am **Secretary of State**

03-10-2008 90076 018 ****70.00

Principal Place of Business 6400 WEST NINE MILE ROAD

10.

TIBE

NAME

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NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-7/P mle

CITY-ST-ZIP

CITY-ST-ZIP

City-ST-ZIP

PENSACOLA, FL 32526

10465 TOWER RIDGE RD

PENSACOLA, FL 32526

WHITE, DAVID

Mailing Address 6400 WEST NINE MILE ROAD PENSACOLA, FL 32526

PENSACOLA, FL 32526		PENSACOLA, FL 32526								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Same		SAME								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112008 Chg-NP CR2E037 (12/06)					
City & State		City & State		١.	4. FEI Number			I A	pplied For	
					74-3152502 Not Applicable				ot Applicable	
Zip	Country Zip		Country	' 5 Certificate of Status Desired DN 1				\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New R	egistered /	Agent		
DODDIOUS OBSOON O				Name SAME						
8775 REB	IÉ, GREGORY S EL RD		h			(P.O. Box Number is Not Acceptable)				
	DLA, FL 32526			-			<u></u>		<u> </u>	
	·									
,			City	City FL Zip Code						
8. The above	named entity submits this statement for	or the nurnose of changing its	registered office (or registered	agent or both in	the State of Flo		familiar with	and accept	
	tions of registered agent.	or the parpoon of orderiging the	, og loto. oo ooo	g	ago, n, o. bosi, n,	510 01210 51710		· · · · · · · · · · · · · · · · · · ·	and docopt	
SIGNATURE										
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent sign	ature required wh	en reinstating)		DATE			
, <u>-</u>	Filing Fee is \$61.25	paign Financing	\$	5.00 May Be	M	ake checi	k payable t	.		
Due by May 1, 2008 Trust Fund Co			ontribution.	ion. Added to Fees Floric			da Depar	ia Department of State		
10.	OFFICERS AND DI	RECTORS	11.	AD	DITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	l 10	
IIILE	М	☐ Delete	TITLE	mem		_		Change	Addition	
NAME	MCNAIR, YANCY		NAME		Kerche	೭೧				
STREET ADDRESS	6633 FRANK REEDER RD	•	STREET ADDRESS		ERSKA CT					
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	PONSAG	OLA FL	3252L			`,	
TITLE	V	Delete	TITLE	V-Che	HILMAN!			Change	√ Addition	
NAME	LAMBETH, JASON	, ,	NAME	Bea	u Rodrig	ive				
STREET ADDRESS	9929 ELERAL RD		STREET ADDRESS	8455	Robel AU	es La				
City-St-Zip	PENSACOLA, FL 32526		CITY-ST-ZIP	Perso	acola FL 3	a524				
TITLE	Т	☐ Delete	TITLE	mem				☐ Change	Addition	
NAME	KERCHER, PHYLLIS		NAME	John	Spicewo	er			•	
STREET ADDRESS	8701 PHELPD LN		STREET ADDRESS	18140	SPICEWO	ad KD	~~.			
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Pe	ns'AcolA	1,F1 30	2526			
TITLE	Р	☐ Delete	TITLE	mem				Change	Addition	
NAME	RODRIQUE, GREGORY S		NAME	Device	à Barre	HO			•	
STREET ADDRESS	8775 REBEL ROAD	•	STREET ADDRESS	lada	1 JAJRE					
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	Pen	Scole FI	32521				
MLE	s	☐ Delete	TITLE				_	Change	Addition	
NAME	ROBINSON, JOYCE		NAME							
STREET ADDRESS	7450 LA-QUINTA RD		STREET ADDRESS	; [
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	1						

12. I hereby certify that the information adplied with this filling 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?

DIRECTOR

Date

Daytime Phone # ...

Change

☐ Addition