## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26145

FILED Apr 15, 2009 Secretary of State

Entity Name: BEULAH BAPTIST INSTITUTIONAL CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 1006 WEST CYPRESS STREET TAMPA, FL 336061109 **Current Mailing Address: New Mailing Address:** 1006 WEST CYPRESS STREET TAMPA, FL 336061109 FEI Number: 59-1981860 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOODS, BRENNA FIELDS-TAYLOR, BRENNA 11006 HÓLLY COVE DRIVE 11006 HOLLY COVE DRIVE RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 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: BRENNA FIELDS-TAYLOR 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FAVORITE, W. JAMES Name: Name: 13205 WATERFORD RUN DR Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete BROOKS, CLEMENT O Name: JOYNER, DOUGLAS Name: Address: 2109 W CARMEN STREET Address: 18318 BANKSTON PLACE City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: () Change () Addition BRIGGS-JOHNSON, BETTY Name: Name: 6907 POTOMAC CIRCLE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: WOODS, BRENNA Name: FIELDS-TAYLOR, BRENNA 11006 HOLLY CONE DRIVE 11006 HOLLY CONE DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: () Change () Addition THOMPSON, CARL Name: Name: 9031 ARNDALE CIR Address: Address: City-St-Zip: TAMPA, FL 33615 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: W. JAMES FAVORITE PD 04/15/2009