

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90013 046 \*\*\*\*61.25

**DOCUMENT # N28552**

1. Entity Name

BEALSVILLE CHURCH OF GOD, INC.



Principal Place of Business

2026 HOLLOMAN ROAD  
PLANT CITY FL 33567-9475

Mailing Address

5220 JOE KING RD  
PLANT CITY FL 33567  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

05-0317700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, AUDREY  
5220 JOE KING RD  
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Audrey Wright*

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

(NOTE: Registered Agent signature required when reinstating)

*2-2-04*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HILL, RONALD	
STREET ADDRESS	4721 HORTON RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WARING, BEVERLY	
STREET ADDRESS	733 E MCDONALD RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COBBS, LEANA N	
STREET ADDRESS	P.O. BOX 2316	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, BLANCHE	
STREET ADDRESS	4418 HILLGRADE RD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOMAN, MADISON	
STREET ADDRESS	5806 HORTON RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WRIGHT, AUDREY	
STREET ADDRESS	5220 JOE KING RD	
CITY-ST-ZIP	PLANT CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBBS, LEONA	
STREET ADDRESS	P.O. BOX 2316	
CITY-ST-ZIP	Plant City FL 33567	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golden, CHERYL	
STREET ADDRESS	5922 Curry McCloud Pl.	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ronald A Hill Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-2-04*