

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28552

FILED
Jul 19, 2006
Secretary of State

Entity Name: BEALSVILLE CHURCH OF GOD, INC.

Current Principal Place of Business:

2026 HOLLOMAN ROAD
PLANT CITY, FL 335679475

New Principal Place of Business:

Current Mailing Address:

5220 JOE KING RD
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 05-0317700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, AUDREY
5220 JOE KING RD
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HILL, RONALD
Address: 4721 HORTON RD
City-St-Zip: PLANT CITY, FL 33567 US

Title: DV () Delete
Name: WARING, BEVERLY
Address: 733 E MCDONALD RD
City-St-Zip: PLANT CITY, FL 33567 US

Title: DT () Delete
Name: COBBS, LEONA
Address: P.O. BOX 2316
City-St-Zip: PLANT CITY, FL 33567

Title: DS () Delete
Name: GOLDEN, CHERYL
Address: 5922 CURRY MCCLOUD PL.
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: HOLLOMAN, MADISON
Address: 5806 HORTON RD
City-St-Zip: PLANT CITY, FL 33567

Title: DP () Delete
Name: WRIGHT, AUDREY,
Address: 5220 JOE KING RD
City-St-Zip: PLANT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HILL, RONALD
Address: 2323 GAINER LANE
City-St-Zip: PLANT CITY, FL 33567 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HILL, ELIZABETH
Address: 2323 GAINER LANE
City-St-Zip: PLANT CITY, FL 33567

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONA COBBS

DT

07/19/2006

Electronic Signature of Signing Officer or Director

Date