

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90084 037 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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)

DATE

7-16-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	HILL, RONALD	
STREET ADDRESS	4721 HORTON RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MCCLOUD, SYLVESTER	
STREET ADDRESS	1905 E. HWY 60	
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 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRING, BEVERLY	
STREET ADDRESS	733 E. McDONALD ROAD	
CITY-ST-ZIP	PLANT CITY, FLA. 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		
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:

PASTORAL REQUIRES

7-16-03 (813) 937-4783

CR2E037 (10/02)