

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28632** (0)

1. Corporation Name

THE BEULAH LAND QUARTET MINISTRIES, INC.

Principal Place of Business

Mailing Address

**BEULAHLAND QUARTET
P.O. BOX 37633
PENSACOLA FL 32526
US**

**BEULAHLAND QUARTET
P.O. BOX 37633
PENSACOLA FL 32526-0633
US**



3. Date Incorporated or Qualified
09/30/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **918 Clearview Ave**

26 **P. O. Box 37633**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Pensacola, FL**

28 **Pensacola, FL 32526**

24 Zip Country

29 Zip Country

32505

25

32526

30

4. FEI Number
59-2914045

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONER, THOMAS R.
918 CLEARVIEW AVENUE
PENSACOLA FL 32505**

81 Name

N/A

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD D** ☐ DELETE
NAME **STONER, THOMAS**
STREET ADDRESS **918 CLEARVIEW AVE.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☒ DELETE
NAME **HANLEY, LISA**
STREET ADDRESS **918 CLEARVIEW AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD D** ☐ DELETE
NAME **ALLEN, MERRILL**
STREET ADDRESS **253 ETTA ST.**
CITY-ST-ZIP **PENSACOLA FL 32505 32514**

TITLE **T** ☒ DELETE
NAME **STONER, KATHLEEN**
STREET ADDRESS **918 CLEARVIEW AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VP** ☒ DELETE
NAME **LLORENS, TONY**
STREET ADDRESS **507 S. 6TH ST.**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Tre. D** ☐ Change ☒ Addition
12 NAME **Earl, Mary Ann**
13 STREET ADDRESS **9636 Mapleleaf Ln**
14 CITY-ST-ZIP **Pensacola, FL 32514**

21 TITLE **VP** ☐ Change ☒ Addition
22 NAME **Bridwell, Bonnie F.**
23 STREET ADDRESS **794U Burstaff Rd.**
24 CITY-ST-ZIP **Pensacola, FL 32514**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME **300001797313**
43 STREET ADDRESS **-04/29/96--01018--001**
44 CITY-ST-ZIP *****70.00**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Thomas R. Stoner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 904.434-0522
Date Daytime Phone #

CR2E037 (12/95)

96-14-26-96