


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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

**918 CLEARVIEW AVE.
PENSACOLA FL 32505
US**

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



3. Date Incorporated or Qualified
09/30/1988

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **Stoner, Kathleen**
1.3 STREET ADDRESS **918 Clearview Ave.**
1.4 CITY-ST-ZIP **Pensacola, FL 32505**

TITLE **TD** ☒ DELETE
NAME **EARL, MARY ANN**
STREET ADDRESS **9636 MAPLELEAF LN**
CITY-ST-ZIP **PENSACOLA FL 32514**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Henley, Lisa**
2.3 STREET ADDRESS **918 Clearview Ave.**
2.4 CITY-ST-ZIP **Pensacola, FL 32505**

TITLE **VD** ☒ DELETE
NAME **ALLEN, MERRILL**
STREET ADDRESS **253 ETNA ST.**
CITY-ST-ZIP **PENSACOLA FL 32514**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **BRIDWELL, BENNIE F**
STREET ADDRESS **7940 BURSTAFF RD.**
CITY-ST-ZIP **PENSACOLA FL 32514**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 904-434-8522

Date Daytime Phone # 0073254

CR2E037 (9/96)