

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90108 037 ****61.25

DOCUMENT # N33940

1. Entity Name

BEULAH BAPTIST CHURCH OF CLAY COUNTY, INC.



Principal Place of Business

4579 STATE ROAD 21
P.O. BOX 210
MIDDLEBURG FL 32050-0210
US

Mailing Address

4579 STATE ROAD 21
P.O. BOX 210
MIDDLEBURG FL 32050-0210
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2379709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHODEN, MIKE
4432 WEEKS ROAD
GREEN COVE SPRINGS FL 32043

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 TD ☒ Delete
NAME MOODY, GERALD E.
STREET ADDRESS 15582 NE 16TH AVE
CITY-ST-ZIP STARKE FL 32091

TITLE ☐ Delete
NAME COOK, VERNON
STREET ADDRESS 4754 JAVELINE CIRCLE
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Delete
NAME THOMPSON, GLENN A.
STREET ADDRESS 6409 SHARRON RD.
CITY-ST-ZIP GREEN COVE SPNG. FL

TITLE ☐ Delete
NAME WEEKS, JAMES
STREET ADDRESS 4439 WEEKS RD.
CITY-ST-ZIP GREEN COVE SPNG. FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition
NAME Whitley, Thomas M., Sr
STREET ADDRESS 5350 Otter Lane
CITY-ST-ZIP Middleburg, FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Glenn A. Thompson

April 5, 06

352 473-2137