

DOCUMENT # N46815

1. Entity Name

BEULAH SENIOR CITIZENS CENTER, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90002 024 ****61.25

Principal Place of Business

Mailing Address

7425 WOOD SIDE DR
PENSACOLA FL 32526

7425 WOOD SIDE DR
PENSACOLA FL 32526

2. Principal Place of Business

3. Mailing Address

7425 Wood Side Dr.
Suite, Apt. #, etc.
PENSACOLA FLA
City & State

Suite, Apt. #, etc.
K Same
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3126817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip
32526

Country
Escambia

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, A.P. SR.
5430 FANHRAEDERR
PENSACOLA FL 32526

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.

SIGNATURE

AP Bell A P BELL Jan 5 2000
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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BELL, MARGUERITE
7425 WOOD SIDE DR
PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NELSON, MELISSA
7425 WOOD SIDE DR
PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PILCHER, BETTY
7425 WOOD SIDE DR
PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BELL, A.P.
7425 WOOD SIDE DR
PENSACOLA FL 32526 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

AP Bell A P BELL
Signature and typed or printed name of signing officer or director

Tres

Jan 5 2000
Date

944 1856
Daytime Phone

CR2E037 (10/00)