

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90062 043 ****61.25

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DOCUMENT # N46815

1. Entity Name

BEULAH SENIOR CITIZENS CENTER, INC.

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3126817

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

**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 *A.P. Bell*
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 **DP** ☐ Delete
NAME **BELL, MARGUERITE**
STREET ADDRESS **7425 WOOD SIDE DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **MARGUERITE BELL**
STREET ADDRESS **7425 WOODSIDE DR**
CITY-ST-ZIP **PENSACOLA FL 32526**

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

TITLE **V.B. EDWARD MORGAN** ☐ Change ☐ Addition
NAME **V.B. EDWARD MORGAN**
STREET ADDRESS **7425 WOODSIDE DR. 32526**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **SD** ☐ Change ☐ Addition
NAME **NANCY Register**
STREET ADDRESS **3460 N. S. St**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☐ Change ☐ Addition
NAME **A.P. BELL**
STREET ADDRESS **7425 WOODSIDE DR. 32526**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)