

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90053 041 \*\*\*\*61.25

**DOCUMENT # N46815**

1. Entity Name

**BEULAH SENIOR CITIZENS CENTER, INC.**



Principal Place of Business

7425 WOOD SIDE DR  
PENSACOLA FL 32526

Mailing Address

7425 WOOD SIDE DR  
PENSACOLA FL 32526

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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**  
**After September 10, 2003, min will be \$236.25**

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          | DP                 | <input type="checkbox"/> Delete |
| NAME           | BELL, MARGUERITE   |                                 |
| STREET ADDRESS | 7425 WOOD SIDE DR  |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32526 |                                 |
| TITLE          | VD                 | <input type="checkbox"/> Delete |
| NAME           | MORGAN, B. EDWARD  |                                 |
| STREET ADDRESS | 7425 WOOD SIDE DR  |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32526 |                                 |
| TITLE          | SD                 | <input type="checkbox"/> Delete |
| NAME           | REGISTER, NANCY    |                                 |
| STREET ADDRESS | 7425 WOOD SIDE DR  |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32505 |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | BELL, A.P.         |                                 |
| STREET ADDRESS | 7425 WOOD SIDE DR  |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32526 |                                 |
| TITLE          | D                  | <input type="checkbox"/> Delete |
| NAME           | BELL, A.P.         |                                 |
| STREET ADDRESS | 7425 WOODSIDE DR.  |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32526 |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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

*A.P. Bell* 944 1856

Date

Daytime Phone

CR2E037 (4/03)