

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51459 (8)

1. Corporation Name
BEULAH PENTECOSTAL GOSPEL TEMPLE, INC.



Principal Place of Business: **2171 NW 184 WAY, PEMBROKE PINES FL 33029 US**
Mailing Address: **2171 NW 184 WAY, PEMBROKE PINES FL 33029 US**

3. Date Incorporated or Qualified: **10/22/1992**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0365507**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**
Zip: **29** Country: **30**

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

**MURRAY, MARLENE
3982 NW 38TH AVE
LAUDERDALE LAKES FL 33309**

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE: **P**
NAME: **DIEDRICK, ROHAN**
STREET ADDRESS: **2171 NW 184TH WAY**
CITY-ST-ZIP: **PEMBROKE PINES FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **S**
NAME: **DIEDRICK, CAROLYN**
STREET ADDRESS: **2171 NW 184TH WAY**
CITY-ST-ZIP: **PEMBROKE PINES FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: **D**
NAME: **MITCHELL, JENNIFER**
STREET ADDRESS: **233 IOWA AVENUE**
CITY-ST-ZIP: **FT. LAUDERDALE FL**

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

TITLE: **T**
NAME: **MCNISH, LEXFORD**
STREET ADDRESS: **5974 NW 29 PL**
CITY-ST-ZIP: **SUNRISE FL**

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

TITLE: **D**
NAME: **MURRAY, DESMOND**
STREET ADDRESS: **3982 NW 38 AVE.**
CITY-ST-ZIP: **LAUDERDALE LAKES FL**

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

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rohan Diedrick* **Rohan Diedrick** 1-18-96 (954) 433-4293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)