

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N51459 (8)**

1. Corporation Name  
**BEULAH PENTECOSTAL GOSPEL TEMPLE, INC.**



Principal Place of Business <b>2171 NW 184 WAY PEMBROKE PINES FL 33029 US</b>	Mailing Address <b>2171 NW 184 WAY PEMBROKE PINES FL 33029 US</b>
--	--

3. Date Incorporated or Qualified  
**10/22/1992**

4. FEI Number  
**65-0365507**

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business	2a. Mailing Address
21 <b>1802 N. UNIVERSITY DR</b>	28 <b>1802 N. UNIVERSITY DR</b>
Suite, Apt. #, etc. 22 <b>#298</b>	Suite, Apt. #, etc. 27 <b>#298</b>
City & State 23 <b>PLANTATION FLORIDA</b>	City & State 28 <b>PLANTATION FLORIDA</b>
Zip 24 <b>33322</b>	Country 25 <b>U.S.A.</b>
Country 26 <b>U.S.A.</b>	Zip 29 <b>33322</b>
Country 30 <b>U.S.A.</b>	Country 30 <b>U.S.A.</b>

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DIEDRICK, ROHAN</b>	
STREET ADDRESS	<b>2171 NW 184TH WAY</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DIEDRICK, CAROLYN</b>	
STREET ADDRESS	<b>2171 NW 184TH WAY</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MITCHELL, JENNIFER</b>	
STREET ADDRESS	<b>233 IOWA AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MCNISH, LEXFORD</b>	
STREET ADDRESS	<b>5974 NW 29 PL</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MURRAY, DESMOND</b>	
STREET ADDRESS	<b>3982 NW 38 AVE.</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/D/S ROHAN DIEDRICK</b>
1.3 STREET ADDRESS	<b>1802 N. UNIVERSITY DR. #298</b>
1.4 CITY-ST-ZIP	<b>PLANTATION FL. 33322</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S/D/S MIGNONETTE GRIFFITHS</b>
2.3 STREET ADDRESS	<b>15 WHITEHEAD CIRCLE</b>
2.4 CITY-ST-ZIP	<b>WESTON FLORIDA 33026</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T/D</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 **P/D/S Rohan Diedrick** 1-22-98

CR2E037 (10/97)