

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N51459

1. Corporation Name  
BEULAH PENTECOSTAL GOSPEL TEMPLE, INC.

Principal Place of Business  
1802 N UNIVERSITY DR #298  
PLANTATION FL 33322  
US

Mailing Address  
1802 N UNIVERSITY DR #298  
PLANTATION FL 33322  
US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0365507
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 GRIFFITHS, MIGNONETTE 82 Street Address (P.O. Box Number is Not Acceptable) 15 WHITEHEAD CIRCLE 83 84 City WESTON FL 85 Zip Code 33326
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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]* DATE: 4/19/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEDRICK, ROHAN	1.2 NAME	
STREET ADDRESS	1802 N UNIVERSITY DR #298	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITHS, MIGNONETTE	2.2 NAME	
STREET ADDRESS	15WHITEHEAD CIR	2.3 STREET ADDRESS	FL 33326
CITY-ST-ZIP	WESTON FL 33026	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNISH, LEXFORD	3.2 NAME	
STREET ADDRESS	5974 NW 29 PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GOLDSON, HORACE
STREET ADDRESS		4.3 STREET ADDRESS	3121 N.W. 47 <sup>th</sup> Terrace, Apt. 403
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MCCORMACK, WINSOME
STREET ADDRESS		5.3 STREET ADDRESS	1941 N.W. 46 <sup>th</sup> AVE., Apt. F
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/21/99 (954) 578-5477

CR2E037 (11/98)