

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90173 013 ****61.25

DOCUMENT # N51459

1. Entity 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

7323 WEST OAKLAND PARK BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERHILL FLORIDA

City & State

4. FEI Number

65-0365507

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFITHS, MIGNONETTE
 15 WHITEHEAD CIR
 WESTON FL 33326**

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.

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**

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

TITLE **PDC** ☐ Delete
 NAME **DIEDRICK, ROHAN**
 STREET ADDRESS **1802 N UNIVERSITY DR #298**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **DS** ☐ Delete
 NAME **GRIFFITHS, MIGNONETTE**
 STREET ADDRESS **15 WHITEHEAD CIR**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☒ Delete
 NAME **MCNISH, LEXFORD**
 STREET ADDRESS **5974 NW 29 PL**
 CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☐ Delete
 NAME **GOLDSON, HORRACE**
 STREET ADDRESS **3121 NW 47 TERR APT 403**
 CITY-ST-ZIP **LAUDERDALE LKS FL 33319**

TITLE **D** ☒ Delete
 NAME **MCCORMACK, WINSOME**
 STREET ADDRESS **1941 NW 45 AVE APT F**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROHAN DIEDRICK 2/7/01 578-5477

Date

Daytime Phone #

CR2E037 (10/00)