

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90201 036 \*\*\*\*61.25

UJ/4888

**DOCUMENT # N51459**

1. Entity Name

**BEULAH PENTECOSTAL GOSPEL TEMPLE, INC.**

Principal Place of Business

Mailing Address

**7323 WEST OAKLAND PARK BV  
 FORT LAUDERDALE FL 33319  
 US**

**1802 N UNIVERSITY DR #298  
 PLANTATION FL 33322  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0365507**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PDC DIEDRICK, ROHAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1802 N UNIVERSITY DR #298 PLANTATION FL 33322</b>	
TITLE NAME	<b>DS GRIFFITHS, MIGNONETTE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>15 WHITEHEAD CIR WESTON FL 33326</b>	
TITLE NAME	<b>D GOLDSON, HORRACE</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>3121 NW 47 TERR APT 403 LAUDERDALE LKS FL 33319</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	<b>D DIEDRICK, ANDREW</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>3449 N.W. 44<sup>th</sup> STREET # 208 FT. LAUDERDALE, FL 33309</b>	
TITLE NAME	<b>D MCWAYNSON, PAUL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>7417 N.W. 76<sup>th</sup> COURT TAMARAC, FL 33309</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **ROHAN DIEDRICK** **4/4/02 (954) 578-5477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)