2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N93000005554

Entity Name: NEW BEULAH MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

919 NORTH OHIO AVE.
LAKELAND, FL 33802

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1532
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3213692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, FRANK
919 NORTH OHIO AVE.
P.O. BOX 1532
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARTER, FRANK
Address: 919 NORTH OHIO AVE.
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete
Name: GALLISHAW, HAZEL
Address: 919 NORTH OHIO AVENUE
City-St-Zip: LAKELAND, FL 338021532

Title: T ( ) Delete
Name: DAVENPORT, L.C.
Address: 919 NORTH OHIO AVENUE
City-St-Zip: LAKELAND, FL 338021532

Title: T ( ) Delete
Name: ROBINSON, JOAN
Address: 919 NORTH OHIO AVE.
City-St-Zip: LAKELAND, FL 33802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SADDLER, JAMES
Address: 919 NORTH OHIO AVE.
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L.C. DAVENPORT D&T 04/24/2005

Electronic Signature of Signing Officer or Director — Date