


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90034 002 \*\*\*\*61.25

**DOCUMENT # N93000005554**

1. Entity Name  
**NEW BEULAH MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business  
**919 NORTH OHIO AVE.  
 LAKELAND, FL 33802**

Mailing Address  
**P.O. BOX 1532  
 LAKELAND, FL 33802**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01082006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3213692**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **L. C. Davenport**

Street Address (P.O. Box Number is Not Acceptable)  
**919 North Ohio Ave P. O Box 1532**

City **Lakeland** State **FL** Zip Code **33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SADDLER, JAMES	
STREET ADDRESS	919 NORTH OHIO AVE.	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALLISHAW, HAZEL	
STREET ADDRESS	919 NORTH OHIO AVENUE	
CITY-ST-ZIP	LAKELAND, FL 338021532	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVENPORT, L.C.	
STREET ADDRESS	919 NORTH OHIO AVENUE	
CITY-ST-ZIP	LAKELAND, FL 338021532	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, JOAN	
STREET ADDRESS	919 NORTH OHIO AVE.	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: L. C. Davenport  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_