


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90104 018 ****70.00

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.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

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

SIGNATURE *Frank H. Carter* DATE 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, FRANK 919 NORTH OHIO AVE. LAKELAND FL 33801 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Joan Robinson 919 North Ohio Ave. Lakeland FL 33802-1532 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GALLISHAW, HAZEL 919 NORTH OHIO AVENUE LAKELAND FL 33802-1532 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DAVENPORT, L.C. 919 NORTH OHIO AVENUE LAKELAND FL 33802-1532 | TITLE 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: *Frank H. Carter* SIGNATURE REQUIRED DATE 4/21/03

CR2E037 (10/02)