FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000040 (5)

BEULAH CHURCH OF GOD 7TH DAY INC.

Drive final Disease of Disease

Mailing Address

FILED Feb 03 1997 8:00am Secretary of State



Principal Place	e or Business	Mailing Address						-		
2117 TALLAHAS WEST PALM BE		2117 TALLAHASSEE DR WEST PALM BEACH FL 33409-6157								
					.1.	3. Date Incorporated or Qualified 01/05/1994			ast Report /1996	i
	lace of Business	2a. Mailing Address /5	728	3 -	861	4. FEI Number	-		Applied	For
21		26 ROAD NOVIK, L	Ox Oh	nto	thee,	65-0493970			Not App	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		4	75 Additi e Require		
City & State	9	City & State				6. Election Campaign Financing		\$5	.00 May	Ве
23		28 I D/10/1	A			Trust Fund Contribution			ded to Fe	
Zip 24	Country 25	29 33470 s	Cour	ntry U-	SA.		Yes [No	ler s. 199.	.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	lstered /	gent		
				81	Name					
CHARLETON, RICHARD 2117 TALLAHASSEE DR				82 Street Address (P.O. Box Number is Not Acceptable)						
	ALM BEACH FL 33409		ţ	83						
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TEM DENOTTE COTO			84	City			85	Zip Code	
					•		FL			
office or ri agent if ai	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 617.1508, Florida Statutes of Florida. Such change was au tions of, Section 617.0503, Flor	s, the ab uthorized ida Stati	oove- d by t utes.	named co the corpor	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of t the app	changi ointmer	ing its regis	istered stered
SIGNATURE _	Signature, typed or printed name of registered agen	t and tille it applicable. (NOTE:	Registered	Agent	i signature rec	quired when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	DP	☐ DELETE 1.11		.1 TITLE				☐ Cha	inge 🔲	Addition
NAME	JOHNSON, RUBEN		1.2 NA	ME						
STREET ADDRESS	3476 EASTCHESTE RD		1.3 \$1	REET A	DDRESS					
CITY - ST - ZIP	BRONX NY 10469	Descri		IY-SI-	-ZIP			T 05.		A delition
TITLE	DV DELETE		1	2.1 TITLE				L Cha	.nge []	Addition
NAME	CHARLETON, RICHARD		2.2 NAME 2.3 STREET ADDRESS		DODGGG					
STREET ADDRESS	2117 TALLAHASSEE DR	•	2.4 CITY-ST-ZIP							
CITY-ST-ZIP	WEST PALM BEACH FL 33409 DAV DELETE			TLE	- 217			Chr	ange 🔲	Addition
NAME	ROACHE, CLIFTON		3.2 NA							
STREET ADORESS	1445 W PERRY ST				DDRESS					
CITY-ST-ZIP	LANTANA FL 33462		3.4. CI	ITY-ST	-ZIP					
TITLE		☐ DELETE	4.1 TIT				 -	Cha	inge 🔲	Addition
NAME			4. 2 N	AME	[
STREET ADDRESS			4.3 ST	REET A	DORESS					
CITY - ST - ZIP				TY-\$1-	-ZIP			T-1 27		
TITLE		DELETE	5.1 TIT		ļ			L Cha	inge L.J	Addition
NAME			5.2 NA							
STREET ADDRESS					DDAESS					
CITY-ST-ZIP		Dorum	_	TY-ST-	-ZIP			TTOE		Addition
TITLE		DELETE	61 717		1			Cha	ınge Li	NOXIIIXON
NAME			6.2 NA							
STREET ADDRESS			1		DDRESS	•				
CITY-ST-ZIP		91.41	6.4 CI	TY-ST-	- ZIP				15 - 5 AL -	

4. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97

Daytime Phone # 0040797