FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000040 (5)

BEULAH CHURCH OF GOD 7TH DAY INC.

FILED
Mar 27 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address					; reatites ase sein eine gent ebin ebin ebin brit gent ebilt bibli bibli fill fill		
2117 TALLAHASSEE DR 15728-86TH ROAD WEST PALM BEACH FL 33409 LOXOHATCHEE FL 33470						3. Date Incorporated or Qualified 01/05/1994	
		US				4. FEI Number Applied For	
						65-0493970 Not Applicable	
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired S8.75 Additional	
21 26			··			Fee Required	
Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be	
City & Stat	te	City & State				Trust Fund Contribution Added to Fees	
23		28				7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the current year Intangible	
24	25		30			Personal Property Tax due June 30. Yes X No N/	
	9. Name and Address of Curre	int Registered Agent		1		10. Name and Address of New Registered Agent	
			8	11	Name		
	ETON, RICHARD		8	32	Street Add	dress (P.O. Box Number is Not Acceptable)	
	ALLAHASSEE DR		-	33		· · · · · · · · · · · · · · · · · · ·	
WEST	PALM BEACH FL 33409		"	٦			
			8	4	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508 Florida Statute	s the abo	DVA.	-named cor	properties submits this statement for the surpass of shancing its sociatores	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	1 Dichard	30(10/13 OI, OBOLIOI? 017.0303, 110/	ioa otatoi	163.	•		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered A	gen	nt signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE	E		☐ Change ☐ Addition	
NAME	JOHNSON, RUBEN		1.2 NAM	_			
STREET ADDRESS	3476 EASTCHESTE RD				ADDRESS		
CITY-ST-ZIP TITLE	BRONX NY 10469 DV	DELETE	2.1 TITLE		-ZIP	I Change I Addition	
NAME	CHARLETON, RICHARD					Change Addition	
STREET ADDRESS 2117 TALLAHASSEE DR			2.2 NAME 2.3 STREET ADDRESS		ADDOCCC		
CITY-ST-ZIP WEST PALM BEACH FL 33409			2. 4 CITY-ST-ZIP				
TITLE				3.1 TITLE		☐ Change ☐ Addillor	
NAME	ROACHE, CLIFTON		3.2 NAMI	Έ			
STREET ADDRESS	1445 W PERRY ST-	7. T	3.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP		Put	3.4. CITY	-ST	r-ZIP		
TITLE	CORNELIUS JAM	ZW DELETE	4.1 TITLE	: -		☐ Change ☐ Addition	
NAME	947 TOTAL	es	4. 2 NAM	Æ			
STREET ADDRESS	705 42nd St	/ pmp. 19 th a	4.3 STRE	ET A	ADDRESS		
CITY-ST-ZIP	463 42nd St West Palm Bea	ch 1 53407	4.4 CITY		- ZIP		
TITLE		, DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME Street address			5.2 NAME		NDDDECC.		
CITY-ST-ZIP			5.3 STREI 5.4 CITY -				
TITLE		☐ DELETE	6.1 TITLE	-	- ANT	☐ Change ☐ Addition	
NAME			6.2 NAME			the confer and the control	
STREET ADDRESS			6.3 STREE		DDRESS		
CITY-ST-ZIP			6.4 CITY -	-ST-	- ZIP		
14. I hereby o	pertify that the information supplied v	vith this filing does not qualify for	the exem	ptk	on stated in	n 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 cath; 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 address.							