

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003151 (7)

1. Corporation Name

BEULAH BAPTIST CHURCH OF WEBSTER, INC.



Principal Place of Business

PO BOX 1694  
WEBSTER FL 33597

Mailing Address

PO BOX 1694  
WEBSTER FL 33597

3. Date Incorporated or Qualified  
06/27/1994

3a. Date of Last Report  
10/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOUTHALL, CLARENCE PASTOR  
2101 SR 50  
GROVELAND FL 34736

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SOUTHALL, CLARENCE  
STREET ADDRESS 2101 SR 50  
CITY-ST-ZIP GROVELAND FL 33597 ☐ DELETE

TITLE SD  
NAME BENJAMIN, NELLIE  
STREET ADDRESS PO BOX 175 N/A  
CITY-ST-ZIP WEBSTER FL 33597 ☐ DELETE

TITLE SD  
NAME MOBLEY, BRENDA  
STREET ADDRESS PO BOX 4051 N/A  
CITY-ST-ZIP WEBSTER FL 33597 ☐ DELETE

TITLE D  
NAME DORSEY, LORIN  
STREET ADDRESS PO BOX 368 N/A  
CITY-ST-ZIP WEBSTER FL 33597 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pastor ☐ Change ☐ Addition  
1.2 NAME Clarence Southall Jr.  
1.3 STREET ADDRESS 2101 Sr 50 Rd  
1.4 CITY-ST-ZIP Groveland, Fla. 34736

2.1 TITLE Sec. ☐ Change ☐ Addition  
2.2 NAME See Nellie Benjamin  
2.3 STREET ADDRESS 654 N. W. 3. St  
2.4 CITY-ST-ZIP Webster Fla 33597

3.1 TITLE Sec. Brenda K. Mobley ☐ Change ☐ Addition  
3.2 NAME 626 N. W. 6 St  
3.3 STREET ADDRESS Webster Fla. 33597  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

4-20-96 904-429-4444

CR2E037 (12/95)