

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 27 1997 8:00am
Secretary of State

DOCUMENT # N94000003151 (7)

1. Corporation Name

BEULAH BAPTIST CHURCH OF WEBSTER, INC.

Principal Place of Business

Mailing Address

PO BOX 1694
WEBSTER FL 33597

PO BOX 1694
WEBSTER FL 33597



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 593259395 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTHALL, CLARENCE PASTOR
2101 SR 50
GROVELAND FL 34736

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 *Clarence Southall Pastor*

8-23-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PD
1.2 NAME SOUTHALL, CLARENCE
1.3 STREET ADDRESS 2101 STATE RD 50
1.4 CITY-ST-ZIP GROVELAND, FLA 34736

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

2.1 TITLE Benjamin Nellie SD
2.2 NAME PO Box 175 N/A
2.3 STREET ADDRESS Webster, FL 33597
2.4 CITY-ST-ZIP

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

3.1 TITLE SD
3.2 NAME Brenda K. Mobley
3.3 STREET ADDRESS P.O. Box 4051 N/A
3.4 CITY-ST-ZIP Webster, FLA 33597

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

4.1 TITLE D
4.2 NAME DORSEY, LORIN
4.3 STREET ADDRESS PO Box 368 N/A
4.4 CITY-ST-ZIP Webster, FL 33597

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 Required

8-23-97

leave message
352-429-4444

CR2E037 (4/97)