

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90107 016 \*\*\*\*61.25

**DOCUMENT # N94000003151**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3259395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHALL, CLARENCE PASTOR**  
**2101 SR 50**  
**GROVELAND FL 34736**

Name **Nathanial Shazier Pastor**

Street Address (P.O. Box Number is Not Acceptable)  
**5053 Vista Lago Dr.**

City **Orlando**

FL Zip Code **32811**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**01-06-02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
 NAME **SOUTHALL, CLARENCE**  
 STREET ADDRESS **2101 S R 50**  
 CITY-ST-ZIP **GROVELAND FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Nathanial Shazier**  
 STREET ADDRESS **5053 Vista Lago Dr.**  
 CITY-ST-ZIP **Orlando FL 32811**

TITLE **SD** ☒ Delete  
 NAME **MOBLEY, BRENDA K**  
 STREET ADDRESS **P O BOX 405**  
 CITY-ST-ZIP **WEBSTER FL**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Recording Secretary Clerk**  
 STREET ADDRESS **Deborah A. Youngblood**  
 CITY-ST-ZIP **P O Box 1445 Webster FL 32811**

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

TITLE **D** ☒ Change ☒ Addition  
 NAME **DORSEY, LORIN**  
 STREET ADDRESS **5882 CR 130**  
 CITY-ST-ZIP **Webster FL 33597**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-06-02**

Date

Daytime Phone #

CR2E037 (9/01)