


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90026 002 *****70.00

DOCUMENT # N94000006304 1. Entity Name BEULAH FIRST BAPTIST CHURCH, INC.					
Principal Place of Business 109 MCGRUFF STREET FT. WALTON BEACH, FL 32548			Mailing Address P.O. BOX 545 FORT WALTON BEACH, FL 32549		
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 59-3401693	
5. Certificate of Status Desired XXX				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THIGPEN, SCOTTIE L 109 MCGRUFF ST. FT. WALTON BEACH, FL				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGULUS, ELIJAH J		NAME		
STREET ADDRESS	934 JOHN WAYNE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, MARK		NAME	Loggins, David	
STREET ADDRESS	8887 CAGLE DRIVE		STREET ADDRESS	884 Masters Blvd.	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, LEE K		NAME		
STREET ADDRESS	1916 ALFRED BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	TT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL, GLENN		NAME		
STREET ADDRESS	20 E. CASA LOMA GLENN		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Elijah J. Regulus</i> Elijah J. Regulus - Director			01/19/06		(850) 863-5071
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>