

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002756

1. Entity Name
BEULAH ACADEMY OF SCIENCE, INC.



Principal Place of Business

**BEULAH ACADEMY OF SCIENCE
8633 BEULAH RD
PENSACOLA, FL 32526**

Mailing Address

**BEULAH ACADEMY OF SCIENCE
8633 BEULAH RD
PENSACOLA, FL 32526**



01172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3507992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAINE, ZELDA A
5985 BEULAH CHURCH RD
PENSACOLA, FL 32526**

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IN THIS SPACE**

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

Zelda A. Caine - Assistant Director
Signature, typed or printed name of registered agent and title (if applicable)

1/19/07
DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEEKS, LYNDIA
STREET ADDRESS	7874 BEULAH RD
CITY-STATE-ZIP	PENSACOLA, FL 32526
TITLE	PD
NAME	CAMPBELL, HAROLD B
STREET ADDRESS	6595 FRANK REEDER RD
CITY-STATE-ZIP	PENSACOLA, FL 32526
TITLE	STD
NAME	HIGDEN, JAMES F
STREET ADDRESS	7615 BEULAH CHURCH RD
CITY-STATE-ZIP	PENSACOLA, FL 32526
TITLE	VD
NAME	BAILEY, KEVIN F
STREET ADDRESS	6591 HELMS RD.
CITY-STATE-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR

Kevin Bailey

Date

1/18/07

Daytime Phone #

850-944-2822