

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002756

FILED
Jan 20, 2009
Secretary of State

Entity Name: BEULAH ACADEMY OF SCIENCE, INC.

Current Principal Place of Business:

BEULAH ACADEMY OF SCIENCE
8633 BEULAH RD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

BEULAH ACADEMY OF SCIENCE
8633 BEULAH RD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-3507992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEEKS, LYNDIA
Address: 7874 BEULAH RD
City-St-Zip: PENSACOLA, FL 32526

Title: PD () Delete
Name: CAMPBELL, HAROLD B
Address: 6595 FRANK REEDER RD
City-St-Zip: PENSACOLA, FL 32526

Title: STD () Delete
Name: HIGDEN, JAMES F
Address: 7615 BEULAH CHURCH RD
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: BAILEY, KEVIN F
Address: 6591 HELMS RD.
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN F BAILEY

VP

01/20/2009

Electronic Signature of Signing Officer or Director

Date