2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000003924

1. Entity Name

BEULAH LAND DRAINAGE ASSOCIATION, INC.

Principal Place of Business

2321 N.W. 41ST STREET STE A-2 GAINESVILLE, FL 32606 Mailing Address

2321 N.W. 41ST STREET STE A-2 GAINESVILLE, FL 32606 FILED Feb 02, 2004 08:00 AM Secretary of State



01262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3407828

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SPAIN, THOMAS C 2321 N.W. 41ST STREET STE A-2 GAINESVILLE, FL 32606

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			IN THIS SPACE		
	named entity submits this statement for the cions of registered agent.	urpose of changing its registere	d office or s	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPAIN, THOMAS C 2321 N.W. 41ST STREET STE A-2 GAINESVILLE, FL 32606				000000028777 02/04/04-80038-022 61.25
TITLE NAME STREET ADDRESS CATY-ST-ZIP	VD SPAIN, SUSAN B 2321 N.W. 41ST STREET STE A-2 GAINESVILLE, FL 32606				
THRE NAME STREET ADDRESS CHY-ST-ZIP	STD HUGGINS, J A 2321 N.W. 41ST STREET STE A-2 GAINESVILLE, FL 32606			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					. .
TITLE MAME STREET ADDRESS CHTY-ST-ZIP					
12. I hereby	certify that the information supplied with this fi	iling does not qualify for the exer	nption state	d in Section 119.07(3))(i), Florida Statutes, I further certify that the information act as it made under path; that I am an officer or director

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, if urtner 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNIN

CER OR DIRECTOR

Daytime Phone #