2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

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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



DO NOT WRITE IN THIS SPACE

01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For

59-3407828

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

				IIN	I FIIS SPACE
	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	d office or	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 lide	il applicable. (NOTE: Registered	Agent signatur	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	-
TITLE	OFFICERS AND DIRECT	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	SPAIN, THOMAS C 2321 N.W. 41ST STREET STE A-2 GAINESVILLE, FL 32606				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VD SPAIN, SUSAN B 2321 N.W. 41ST STREET STE A-2 GAINESVILLE, FL 32606				000000665045 03/23/07-80009-002 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COOPER, MICHAEL J 2321 A2 NW 41ST ST GAINESVILLE, FL 32606			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-Z#

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/1/07

352.376.6372

Daytime Phone €