

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000621

1. Entity Name

BEREAN BAPTIST CHURCH OF ORMOND BEACH, INC.

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91004 048 ****70.00

Principal Place of Business

1203 N. US 1
ORMOND BEACH FL 32174

Mailing Address

1428 FLOMICH AVE.
HOLLY HILL FL 32117

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2. Principal Place of Business

54 S. RIOGEWOOD AVE

3. Mailing Address

2048 TONI STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

4. FEI Number
58-2445112

Applied For
Not Applicable

Zip
32174

Country
US

Zip
32174

Country
US

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER, MICHAEL C
1428 FLOMICH AVE.
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name
MICHAEL C. SPENCER
Street Address (P.O. Box Number is Not Acceptable)
2048 TONI STREET
City
ORMOND BEACH FL Zip Code
32174

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.

SIGNATURE MICHAEL C. SPENCER

Michael C Spencer

2-26-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME SPENCER, MICHAEL C.
STREET ADDRESS 1428 FLOMICH AVE.
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

TITLE D
NAME SPENCER, BARBARA J
STREET ADDRESS 1428 FLOMICH AVE.
CITY-ST-ZIP HOLLY HILL FL 32117 ☒ Delete

TITLE D
NAME EDWARDS, CAROL
STREET ADDRESS 320 SANCHEZ AVE.
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME JACK BUCHANAN
STREET ADDRESS 8 SMITH COUNTY ROAD
CITY-ST-ZIP BUNNELL, FL 32110 ☐ Change ☒ Addition

TITLE D
NAME DAVE HOLORISCO
STREET ADDRESS 132 LPGA BL
CITY-ST-ZIP HOLLY HILL, FL 32117 ☐ Change ☒ Addition

TITLE D
NAME KATHRYN HOLORISCO
STREET ADDRESS 132 LPGA BL
CITY-ST-ZIP HOLLY HILL, FL 32117 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MICHAEL C. SPENCER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 (386) 254-4672 x4277

Date

Daytime Phone #

CR2E037 (9/01)