

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718736 (2)

1. Corporation Name

BEREA MISSIONARY BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7831 N W 15TH AVE 7831 N W 15TH AVE
MIAMI FL 33147-5741 MIAMI FL 33147-5741

3. Date incorporated or Qualified 06/23/1970 3a. Date of Last Report 09/21/1994

4. FEI Number NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TOLES, REV. JOSEPH JR
7817 NW 15TH AVE
MIAMI FL 33147

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------|
| TITLE | PD |
| NAME | TOLES, JOSEPH JR. |
| STREET ADDRESS | 7817 N.W. 15TH AVE. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | VD |
| NAME | RICHARDSON, BARBARA |
| STREET ADDRESS | 2025 NW 91 STREET |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | TDS |
| NAME | REID, IRENE |
| STREET ADDRESS | 7875 N.W. 16TH AVE. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | PACE, DONNA |
| STREET ADDRESS | 7524 NW 14 PLACE |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | SD |
| NAME | KICHEN, HELEN |
| STREET ADDRESS | 1420 NW 73 ST. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | TOLES, HATTIE |
| STREET ADDRESS | 7817 N.W. 15TH AVE |
| CITY - ST - ZIP | MIAMI FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VD BARBARA RICHARDSON |
| 2.3 STREET ADDRESS | 3470 N.W. 1796T |
| 2.4 CITY - ST - ZIP | MIAMI, FL 33056 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TDS Reid, Irene |
| 3.3 STREET ADDRESS | 1455 N.W. 61 ST # 111 |
| 3.4 CITY - ST - ZIP | MIAMI, FL. 33147 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Richardson BARBARA RICHARDSON 3-20-95 305-624-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State #