

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718736 (2)

1. Corporation Name

BEREA MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

7831 N W 15TH AVE
MIAMI FL 33147-5741

7831 N W 15TH AVE
MIAMI FL 33147-5741

3. Date Incorporated or Qualified
06/23/1970

3a. Date of Last Report
04/24/1995

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip
24

Country
25

Zip
29

Country
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

10. Name and Address of New Registered Agent

**TOLES, REV. JOSEPH JR
7617 NW 15TH AVE
MIAMI FL 33147**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLES, JOSEPH JR.	1.2 NAME	PD Toles Joseph JR.
STREET ADDRESS	7617 N.W. 15TH AVE.	1.3 STREET ADDRESS	1135 N.W. 121 ST.
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL.
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BARBARA	2.2 NAME	
STREET ADDRESS	3470 NW 179 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TDS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, IRENE	3.2 NAME	
STREET ADDRESS	1455 NW 61 ST #111	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, DONNA	4.2 NAME	
STREET ADDRESS	7524 NW 14 PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KICHEN, HELEN	5.2 NAME	
STREET ADDRESS	1420 NW 73 ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLES, HATTIE	6.2 NAME	
STREET ADDRESS	7617 N.W. 15TH AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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 119.07(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 617, 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** 4-24-96 305-624-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)