

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 7831 N W 15TH AVE MIAMI FL 33147-5741 | Mailing Address 7831 N W 15TH AVE MIAMI FL 33147-5741 |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/23/1970 | |
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

TOLES, REV. JOSEPH JR
1135 NW 121ST ST
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 | 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 _____ (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 | |
| STREET ADDRESS 1135 NW 121ST | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | 1.4 CITY-ST-ZIP | |
| 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 | |

TDS
IRENE Reid
P.O. BOX 471471
MIAMI, FL 33147

14. 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 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** 4-2698 305-624-8886

CFR2037 (10/97)