

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90018 020 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 718736**

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

475657-90018-57



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/23/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		NOT APPLICABLE	
24 Country		30 Country		Applied For	
				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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOLES, REV. JOSEPH JR 1135 NW 121ST ST MIAMI FL 33147				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	TOLES JOSEPH JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLES, JOSEPH JR.	1.2 NAME	600 N.E. 168 ter.
STREET ADDRESS	1135 NW 121ST	1.3 STREET ADDRESS	N. MIAMI BEACH, FL. 33162
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	BARBARA RICHARDSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BARBARA	2.2 NAME	3470 N.W. 179 ST.
STREET ADDRESS	P.O. BOX 471471	2.3 STREET ADDRESS	MIAMI, FL. 33056
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 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, with all other like empowered.

SIGNATURE: *Barbara Richardson* BARBARA RICHARDSON 4-26-99 3056248886

CR2E037 (11/98)

475657-90018-20  
718736

Please Add

D Joyce TOLES  
600 N.E. 168 Terr.  
N. Miami Beach, FL. 33162