

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90077 022 ****61.25

DOCUMENT # 718736

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOLES, REV. JOSEPH JR
1135 NW 121ST ST
MIAMI FL 33147

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOLES, JOSEPH JR.	
STREET ADDRESS	60 N.E. 168 TERR	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHARDSON, BARBARA	
STREET ADDRESS	3470 N.W. 179 ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	REID, IRENE	
STREET ADDRESS	1455 NW 61 ST #111	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PACE, DONNA	
STREET ADDRESS	7524 NW 14 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KICHEN, HELEN	
STREET ADDRESS	1420 NW 73 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLES, HATTIE	
STREET ADDRESS	7617 N.W. 15TH AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE TOLES	
STREET ADDRESS	60 NE 168 Terr.	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara Richardson* **BARBARA RICHARDSON** **5-20-00** **305-624-8886**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)