## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

728895

(4)

BEREA BAPTIST CHURCH OF MELBOURNE, INCORPORATED

Sulfe, Apt #, etc.    Sulfe, Apt #, etc.   Sulfe, A	Principal Place of Business Mailing Address						-{				
## Principal Place of Business   2a. Mailing Address   5. Certificate of Status Desired   \$8. T6 Additional Pres Regulard   \$8. Certificate of Status Desired   \$8. F6 Additional Pres Regulard   \$8. Certificate of Status Desired   \$8. F6 Additional Pres Regulard   \$8. Certificate of Status Desired   \$8. F6 Additional Pres Regulard   \$8. Certificate of Status Desired   \$8. F6 Additional Pres Regulard   \$8. Certificate of Status Desired   \$8. F6 Additional Pres Regulard   \$8. Certificate of Status Desired   \$8. Certificate of Regular Desired   \$8. Certificate   \$8. Cer							02/21/1974				
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Sulfe, Apt. #, etc.  T, is this comporation and experience association?  Vers \ No.  Added to Pees  T, is this comporation of processing association?  Vers \ No.  Personal Property Tax due ulune 30.  Name and Address of New Registered Agent  MACHADO, RICHARD  108 MOONLIGHT CT.  PALM BAY, FL  32007  11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florids Salutures, the above-named corporation submits this statement for the purpose of changing its registered agent. are the melter with, and except the obligations of, Section 17.0503, Pacinds Salutures.  Signature typed or protection are arguitered agent of that it exclusion office or registered agent, or both, in the State of Florids, Subh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I are melter with, and accept the obligations of, Section 17.0503, Pacinds Subtures.  Signature typed or protection are arguitered agent of that it exclusion of the complete of the purpose of changing its registered agent are melter with, and accept the obligations of, Section 17.0503, Pacinds Subtures.  Signature typed or protection are arguitered agent of that it exclusion of the complete of the purpose						4. FE				<del></del>	
Suite, Apt. #, etc.  Suite, Ap	2. Principal P	lace of Business	2a. Mailing Address			5 C					
Trust Fund Contribution   Access of Section   City & Siste   27   Country   28   Trust Fund Contribution   Incomposition corporation a homeowers association?	21		<del></del>	11			Time ale or Status Desired		Fee Re	guired	
City & State 2    City & State   City & Country		#, etc.		——————————————————————————————————————							
28		0		<del></del>							
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address (P.O. Box Number is Not Acceptable)  11. Part and Address of New Registered Agent  12. Name and Address (P.O. Box Number is Not Acceptable)  12. Name and Address (P.O. Box Number is Not Acceptable)  12. Name and Address (P.O. Box Number is Not Acceptable)  12. Name and Address (P.O. Box Number is Not Acceptable)  12. Name and Address (P.O. Box Number is Not Acceptable)  12. Name and Address (P.O. Box Number is Not Acceptable)  12. Name and Address (P.O. Box Number is Not Acceptable)  12. Name and Address (P.O. Box Number is Not Acceptable)  13. Name and Address (P.O. Box Number is Not Acceptable)  14. Name and Address (P.O. Box Num	23										
9. Name and Address of Current Registered Agent    MACHADO, RICHARD 1083 MOONLIGHT CT. PALM BAY, FL 32907   82   Street Address (P.O. Box Number is Not Acceptable)	<b>─</b> ─ `				'		·	_			
MACHADO, RICHARD 1083 MODNLIGHT CT. PALM BAY, FL 32907  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 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, arm familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or protein rame of registered agent and file! Replicable  NOTE Registered Agent expenses agent agent and file! Replicable  NOTE Registered Agent expenses agent agent agent and file! Replicable  NOTE Registered Agent expenses agent ag	24	i [25] [29] [3]							J 1/10		
1083 MOONLIGHT CT. PALM BAY, FL 32907  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 office or registered agent, or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent and learning within and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITTLE  D OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY-ST-2P  TITLE  D DELETE  1.1 TITLE  D DELETE  1.1 TITLE  D DELETE  2.1 TITLE  D DELETE  2.2 NAME  STREET ADDRESS  2.11 PELLCAN DR. NE  2.2 STREET ADDRESS  CITY-ST-2P  PALM BAY FL  2.4 City-St-2P  TITLE  TO DELETE  3.1 TITLE  TO DELETE  4.1 TITLE  TO DELETE  4.1 TITLE  TO DELETE  4.1 TITLE  TO DELETE  5.1 TITLE  TO DEL		To traine and Charles Of Court	···· 1A-solen vikalit	-   8	Name		and Addition of Holl M	-B-010100 I	-2411		
1083 MOONLIGHT CT. PALM BAY, FL 32907  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 office or registered agent, or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and remain and the florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITTLE  D OFFICERS AND DIRECTORS  13. SIRRET ADDRESS  CITY-ST-2P  TITLE  D DELETE  1.1 TITLE  1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITTLE  D DELETE  2.1 TITLE  D Change Addition  AMACHADO, RICHARD A.  3.2 SIRRET ADDRESS  CITY-ST-2P  PALM BAY FL  2.4 CITY-ST-2P  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  AMACHADO, RICHARD A.  3.2 SIRRET ADDRESS  CITY-ST-2P  PALM BAY FL  2.4 CITY-ST-2P  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  ACTIVES AS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change ADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change ADDITIONS	MACHAC	DO. RICHARD			Strant	Address (D.O.	Poy Number is Not Assente	hlol			
### City ###				[*	Street Address (P.O. Box Number is Not Acceptable)						
### Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appropriate 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 appropriate agent ag	PALM B	AY, FL		[B:							
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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Signature typed or protect name of required agent and line if applicable   ONOTE. Registered Agent agreed agent agen	32907			8	City				85 Zip (	Code	
Agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Signature, typed or protect name of required agent and life If applicable   (NOTE: Registered Agent aignature required when rainateling):   DATE	11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508 Florida Statut	les the abo	/e-namer	1 corporation s	ibmits this statement for the		changing it	s registered	
SIGNATURE    Signature, typed or protect name of registered agent and title If applicable   NOTE: Registered Agent algrature required when retrolleding):   DATE	office or r	egistered agent, or both, in the Stat	e of Florida, Such change was	authorized t	y the cor	rporation's boa	d of directors. I hereby acce	pt the app	ointment as	registered	
Signature, hybrid or principle name of negasiered appent and life if applicables   (NOTE: Registrated Appent signature required when reinstating)   DATE	l	m lammar with, and accept the conf	gations of, oscilon of Floods, Fil	onda Statuti						ı	
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CITY-ST-ZIP  W MELBOURNE FL  14 CITY-ST-ZIP  TITLE  D  TAYLOR, STEPHEN  STREET ADDRESS  CITY-ST-ZIP  PALM BAY FL  DELETE  21 STITLE  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  PALM BAY FL  DELETE  31 TITLE  VD  MAKE  MACHADO, RICHARD A.  STREET ADDRESS  CITY-ST-ZIP  TITLE  T  AUGUST-ST-ZIP  TITLE  T  DELETE  41 TITLE  MORGAN, MARK  1063 MOONLIGHT CT., NE  STREET ADDRESS  CITY-ST-ZIP  TITLE  T  MORGAN, MARK  4 2 NAME  117 OAK LAKE RD.  MELBOURNE FL  DELETE  43 STREET ADDRESS  CITY-ST-ZIP  MAME  STREET ADDRESS  CITY-ST-ZIP  MELBOURNE FL  DELETE  51 TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MELBOURNE FL  Change  Addition  Addition  Addition  ALCHY-ST-ZIP  MELBOURNE FL  Change  Addition  Addition  ACTITY-ST-ZIP  Change  Addition  ACTITY-ST-ZIP  ADDITION  Change  Addition  Addition  ACTITY-ST-ZIP  ADDITION  Change  Addition  Addition  ACTITY-ST-ZIP  ADDITION  Change  Addition  ACTITY-ST-ZIP				_		1				i	
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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 cath; 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.

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

3/25/98 129-6159

**FILED** 

Mar 31 1998 8:00am

Secretary of State

# #847H HABIR HIBY (1141 IARKA 1910) BYKI BIRKI BIDIK BIDIK BILAK 11917 BIRKI KRAI