

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 728895**

1. Entity Name

BEREA BAPTIST CHURCH OF MELBOURNE, INCORPORATED

Principal Place of Business

Mailing Address

**3950 DAIRY RD.
MELBOURNE FL 32904-4611****3950 DAIRY RD.
MELBOURNE FL 32904-7634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6559501

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**MACHADO, RICHARD
1063 MOONLIGHT CT.
PALM BAY FL 32907**

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	D	<input type="checkbox"/> Delete
NAME	COLLISON, DAVID	
STREET ADDRESS	7939 TIMBERLAKE DR.	
CITY-ST-ZIP	W MELBOURNE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, STEPHEN	
STREET ADDRESS	211 PELICAN DR. NE	
CITY-ST-ZIP	PALM BAY FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	MACHADO, RICHARD A.	
STREET ADDRESS	1063 MOONLIGHT CT., NE	
CITY-ST-ZIP	PALM BAY FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90038 040 ****61.25



DO NOT WRITE IN THIS SPACE