FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:53

DOCUMENT # **732025** **(2)**

1. Corporation Name

BEREA BAPTIST CHURCH OF PLANT CITY, FLA., INC.

Principal Place of Business	Mailing Address
BEREA BAPTIST CHURCH S.R. 39 SOUTH 4305 SOUTH JIM REDMAN PARKWAY PLANT CITY FL 33567	BEREA BAPTIST CHURCH S.R. 39 SOUTH 4305 SOUTH JIM REDMAN PARKWAY PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1975
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1796279 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

~~PARRISH, TITUS~~
~~3018 S NORTHVIEW RD~~
~~PLANT CITY FL 33567~~

10. Name and Address of New Registered Agent

31 Name: HAWKINS, GENE
32 Street Address (P.O. Box Number is Not Acceptable): 1308 W. JOHNSON ROAD
33
34 City: PLANT CITY FL 35 Zip Code: 33567

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Cade E. Hawkins
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT CAMERON, CLAUDE 4402 CAMERON RD PLANT CITY FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition P/TR HAWKINS, GENE 1308 W. JOHNSON ROAD PLANT CITY, FL 33567
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MIZELL, NOLEN 1402 NANCY TERRACE PLANT CITY FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition VP/TR LEWIS, HAROLD 704 W. STATE ROAD 60 PLANT CITY, FL 33567
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIGHTSEY, RUSSELL 102 E MCDONALD RD. PLANT CITY FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition S/T TR PARRISH, TITUS 3018 S. NORTHVIEW RD. PLANT CITY, FL 33567
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PARRISH, TITUS 3018 S NORTHVIEW RD PLANT CITY FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition TR CAMERON, CLAUDE 4402 CAMERON ROAD PLANT CITY, FL 33566
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREENE, RAY 1702 A SPARKMAN RD PLANT CITY FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition TR LIGHTSEY, RUSSELL 102 E. MC DONALD ROAD PLANT CITY, FL 33567
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT BEACH, REX 5010 BEACH FARM RD PLANT CITY FL	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition TR BEACH, REX 5010 BEACH ROAD PLANT CITY, FL 33567

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Cade E. Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062743