

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732025 (2)

1. Corporation Name

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

Principal Place of Business

BEREA BAPTIST CHURCH S.R. 39 SOUTH
4305 SOUTH JIM REDMAN PARKWAY
PLANT CITY FL 33567

Mailing Address

BEREA BAPTIST CHURCH S.R. 39 SOUTH
4305 SOUTH JIM REDMAN PARKWAY
PLANT CITY FL 33567



3. Date Incorporated or Qualified
02/28/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, GENE
1308 W JOHNSON ROAD
PLANT CITY FL 33567

81 Name

HAWKINS, GENE

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

1308 W. JOHNSON ROAD

83

84 City

PLANT CITY

FL

85 Zip Code
33567

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 *Carl E. (Gene) Hawkins*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CT	<input type="checkbox"/> DELETE
NAME	CAMERON, CLAUDE	
STREET ADDRESS	4402 CAMERON RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MIZELL, NOLEN	
STREET ADDRESS	1402 NANCY TERRACE	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PARRISH, TITUS	
STREET ADDRESS	3018 S NORTHVIEW RD.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMERON, CLAUDE	
STREET ADDRESS	4402 CAMERON ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, RAY	
STREET ADDRESS	1702 A SPARKMAN RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BEACH, REX	
STREET ADDRESS	5010 BEACH FARM RD	
CITY-ST-ZIP	PLANT CITY FL	

11 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HAWKINS, GENE	
13 STREET ADDRESS	1308 W. JOHNSON ROAD	
14 CITY-ST-ZIP	PLANT CITY, FL 33567	
21 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LIGHTSEY, RUSSELL	
23 STREET ADDRESS	102 HOPEWELL ROAD	
24 CITY-ST-ZIP	PLANT CITY, FL 33567	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LEWIS, HAROLD	
33 STREET ADDRESS	704 W. STATE ROAD 60	
34 CITY-ST-ZIP	PLANT CITY, FL 33567	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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: *Carl E. (Gene) Hawkins* Carl E. (Gene) Hawkins April 17, 1996 (813)752-1576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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1994-95
Church Year

DOCUMENT # 732025 (2) 1. Corporation Name BEREA BAPTIST CHURCH OF PLANT CITY, FLA., INC.
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Principal Place of Business BEREA BAPTIST CHURCH S.R. 39 SOUTH 4305 SOUTH JIM REDMAN PARKWAY PLANT CITY FL 33567	Mailing Address BEREA BAPTIST CHURCH S.R. 39 SOUTH 4305 SOUTH JIM REDMAN PARKWAY PLANT CITY FL 33567
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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 <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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

81. Name HAWKINS, GENE
82. Street Address (P.O. Box Number Is Not Acceptable) 1308 W. JOHNSON ROAD
83. City PLANT CITY
84. Zip Code FL 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 _____
Signature, typed or printed name of registered agent and title if applicable
SEC. 13 PLEASE COMPARE INFO. PROVIDED LAST YEAR W/ THIS YEAR'S SEC. 12

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT CAMERON, CLAUDE 4402 CAMERON RD PLANT CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MIZELL, NOLEN 1402 NANCY TERRACE PLANT CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LIGHTSEY, RUSSELL 102 E McDONALD RD. PLANT CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PARRISH, TITUS 3018 S NORTHVIEW RD PLANT CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREENE, RAY 1702 A SPARKMAN RD PLANT CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BEACH, REX 5010 BEACH FARM RD PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/TR HAWKINS, GENE 1308 W. JOHNSON ROAD PLANT CITY, FL 33567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP/TR LEWIS, HAROLD 704 W. STATE ROAD 60 PLANT CITY, FL 33567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	S/T TR PARRISH, TITUS 3018 S. NORTHVIEW RD. PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TR CAMERON, CLAUDE 4402 CAMERON ROAD PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	TR LIGHTSEY, RUSSELL 102 E. MC DONALD ROAD PLANT CITY, FL 33567 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	TR BEACH, REX 5010 BEACH ROAD PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR