


FILED

Apr 16 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 | 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 |

| | | | |
|---------------------------------------|-----------|----------------------------|-----------|
| 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 |

| | | | |
|---|--|--|--|
| 3. Date Incorporated or Qualified 02/28/1975 | | 3a. Date of Last Report 04/26/1996 | |
| 4. FEI Number 59-1796279 | | Applied For | |
| | | 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 | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | |
|---|-------------------|
| 9. Name and Address of Current Registered Agent | |
| HAWKINS, GENE 1308 W JOHNSON ROAD PLANT CITY FL 33567 | 81 Name |
| | 82 Street Address |
| | 83 |
| | 84 City |

10. Name and Address of New Registered Agent

ess (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

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. Hawkins 3-13-97
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 | CT <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAMERON, CLAUDE | 1.2 NAME | LOCKHART, H. LAMAR |
| STREET ADDRESS | 4402 CAMERON RD | 1.3 STREET ADDRESS | 709 E. SPARKMAN ROAD |
| CITY - ST - ZIP | PLANT CITY FL | 1.4 CITY - ST - ZIP | PLANT CITY FL 33566 |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAWKINS, GENE | 2.2 NAME | GREENE, RAY |
| STREET ADDRESS | 1308 W JOHNSON RD | 2.3 STREET ADDRESS | 1706 SPARKMAN ROAD |
| CITY - ST - ZIP | PLANT CITY FL | 2.4 CITY - ST - ZIP | PLANT CITY FL 33566 |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PARRISH, TITUS | 3.2 NAME | BEACH, REX |
| STREET ADDRESS | 3018 S NORTHVIEW RD. | 3.3 STREET ADDRESS | 5010 BEACH FARM ROAD |
| CITY - ST - ZIP | PLANT CITY FL | 3.4 CITY - ST - ZIP | PLANT CITY FL 33567 |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMERON, CLAUDE | 4.2 NAME | |
| STREET ADDRESS | 4402 CAMERON ROAD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL | 4.4 CITY - ST - ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIGHTSAY, RUSSELL | 5.2 NAME | |
| STREET ADDRESS | 102 HOPEWELL RD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL | 5.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, HAROLD | 6.2 NAME | |
| STREET ADDRESS | 704 W STATE RD 60 | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANT CITY FL | 6.4 CITY - ST - ZIP | |

14. I do 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 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. Harkness 3-13-97 (813) 752-1576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079120

CP2E037 (9/96)