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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732025

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**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/28/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1796279

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

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

83

84 City

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

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 ☐ DELETE
NAME **TR LOCKHART, H L**
STREET ADDRESS **709 E SPARKMAN ROAD**
CITY-ST-ZIP **PLANT CITY FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T HAWKINS, GENE**
STREET ADDRESS **1308 W JOHNSON RD**
CITY-ST-ZIP **PLANT CITY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TR CAMERON, CLAUDE**
STREET ADDRESS **4402 CAMERON RD**
CITY-ST-ZIP **PLANT CITY FL 33567**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TR GREENE, RAY**
STREET ADDRESS **1706 SPARKMAN RD**
CITY-ST-ZIP **PLANT CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TR DEAN, STEVEN**
STREET ADDRESS **4718 S DAWNMEADOW**
CITY-ST-ZIP **PLANT CITY FL 33567**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T LEWIS, HAROLD**
STREET ADDRESS **704 W STATE RD 60**
CITY-ST-ZIP **PLANT CITY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11-30-99* Daytime Phone #

CR2E037 (1/98)