

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90046 020 ****61.25

0001908

DOCUMENT # 732025

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1796279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HAWKINS, GENE
 1308 W JOHNSON ROAD
 PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Gene Hawkins

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

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

TITLE ☐ Delete
 NAME **T.D**
 STREET ADDRESS **CAMERON, CLAUDE**
 CITY-ST-ZIP **4402 CAMERON RD
 PLANT CITY FL 33567**

TITLE ☒ Delete
 NAME **TRD**
 STREET ADDRESS **DEAN, STEVEN**
 CITY-ST-ZIP **4718 S DAWNMEADOW
 PLANT CITY FL 33567**

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **LEWIS, HAROLD**
 CITY-ST-ZIP **704 W STATE RD 60
 PLANT CITY FL**

TITLE ☐ Delete
 NAME **T.D**
 STREET ADDRESS **Gary Peeples**
 CITY-ST-ZIP **4414 Janis Miller Lane
 Plant City, Florida 33567**

TITLE ☐ Delete
 NAME **T.D**
 STREET ADDRESS **Jim Hopkins**
 CITY-ST-ZIP **2310 Howell
 Plant City, Florida 33566**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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:

Gene Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

813-737-1232

Date

Daytime Phone #

CR2E037 (10/00)