

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732025

1. Entity 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

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

7. Name and Address of New Registered Agent

HAWKINS, GENE
1308 W JOHNSON ROAD
PLANT CITY FL 33567

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 Gene Hawkins

1-23-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	HAWKINS, GENE	
STREET ADDRESS	1308 W JOHNSON RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	TRD	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, CLAUDE	
STREET ADDRESS	4402 CAMERON RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEEPLER, GARY	
STREET ADDRESS	4414 JANIS MILLER LANE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOPKINS, JIM	
STREET ADDRESS	2310 HOWELL	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Lamar Lockhart	
STREET ADDRESS	709 E. Spartman	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90135 045 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)