
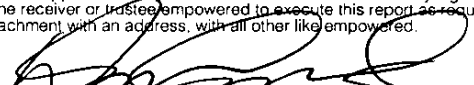


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90019 038 ****61.25

DOCUMENT # 732025 1. Entity Name BEREBA BAPTIST CHURCH OF PLANT CITY, FLA., INC.			
Principal Place of Business BEREBA BAPTIST CHURCH S.R. 39 SOUTH 4305 SOUTH JIM REDMAN PARKWAY PLANT CITY, FL 33567		Mailing Address BEREBA BAPTIST CHURCH S.R. 39 SOUTH 4305 SOUTH JIM REDMAN PARKWAY PLANT CITY, FL 33567	
2. Principal Place of Business - No P.O. Box # 4305 S. J.L. Redman Hwy		3. Mailing Address 4305 S. J.L. Redman Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PLANT CITY, FL		City & State PLANT CITY, FL	
Zip 33567		Zip 33567	
Country Mississippi		Country Mississippi	
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. Name and Address of Current Registered Agent LOCKHART, LAMAR 709 E. SPARKMAN PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name DAVID CROXTON Street Address (P.O. Box Number is Not Acceptable) 514 SANDALWOOD DRIVE City PLANT CITY FL 33563	
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 8/8/7 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIGHTSEY, RUSSELL 302 KARPPE PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID CROXTON 514 SANDALWOOD DR. PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEACH, REX 5010 BEACH FARM RD PLANT CITY, FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOCKHART, LAMAR 709 E SPARTMAN PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLIE HAMILTON 1101 S. TEAKWOOD DR PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/8/7 813-758-3187 <small>Date Daytime Phone #</small>	