

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732669

1. Entity Name

BEREAN BAPTIST CHURCH OF CHIPLEY, INC.

Principal Place of Business

1438 NEARING HILLS ROAD
CHIPLEY FL 32428
US

Mailing Address

888 HALEY DRIVE
CHIPLEY FL 32428
US

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 59-2913100

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

RAINWATER, JAMES H.
888 HALEY DRIVE
CHIPLEY FL 32428

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

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 VTD
NAME LEE, BOB ☐ Delete
STREET ADDRESS 1485 FALLING WATER ROAD
CITY-ST-ZIP CHIPLEY FL 32428

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

TITLE D
NAME COLLINS, DONNELL ☐ Delete
STREET ADDRESS 986 DONNELL ROAD
CITY-ST-ZIP CHIPLEY FL

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

TITLE S
NAME RUSS, JAMES D ☐ Delete
STREET ADDRESS 2206-A HWY 90
CITY-ST-ZIP CHIPLEY FL 32428

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

TITLE PD
NAME RAINWATER, JAMES H. ☐ Delete
STREET ADDRESS 888 HALEY DRIVE
CITY-ST-ZIP CHIPLEY FL

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

TITLE T
NAME RUSS, JAMES D (MRS) ☐ Delete
STREET ADDRESS 981 MAIN STREET
CITY-ST-ZIP CHIPLEY FL 32428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

850-638-8396

Daytime Phone #

CR2E037 (9/01)