

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01898** (8)

1. Corporation Name

BEREA BAPTIST CHURCH OF LAKE CITY, INC.

Principal Place of Business

Mailing Address

STATE HWY 47, SOUTH
PO BOX 1694
LAKE CITY FL 32056-0694

STATE HWY 47, SOUTH
PO BOX 1694
LAKE CITY FL 32056-0694

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/12/1984** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-2181486** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HERLONG, MILES B~~
~~RT 2 BOX 63~~
~~FT WHITE FL 32038~~

81 Name **HEATH, GARY A.**
82 Street Address (P.O. Box Number is Not Acceptable) **Rt. 1 Box 4363**
83 **White Springs**
84 City **FL** 85 Zip Code **32096**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Gary A. Heath

Gary A. Heath

4-17-95

Signature (ink) or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **HERLONG, MILES B**
STREET ADDRESS ~~RT 2 BOX 63~~
CITY - ST - ZIP ~~FT WHITE FL~~

1.1 TITLE **P/D** Change Addition
1.2 NAME **Heath, Gary A.**
1.3 STREET ADDRESS **Rt. 1 Box 4363**
1.4 CITY - ST - ZIP **White Springs, Fl. 32096**

TITLE **VD**
NAME ~~BAILEY, EMORY~~
STREET ADDRESS ~~RT 3 BOX 1618~~
CITY - ST - ZIP ~~LAKE CITY FL~~

2.1 TITLE **V/D** Change Addition
2.2 NAME **Herlong, Miles B.**
2.3 STREET ADDRESS **Rt. 2 Box 63**
2.4 CITY - ST - ZIP **Ft. White, Fl. 32038**

TITLE **SD**
NAME **DAVIS, SANDRA**
STREET ADDRESS **HWY. 47 SOUTH**
CITY - ST - ZIP **LAKE CITY FL**

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

TITLE **TD**
NAME **STEEDLEY, MARIE**
STREET ADDRESS **RT 2, BOX 685**
CITY - ST - ZIP **FT WHITE FL**

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

TITLE **D**
NAME ~~DAVIS, GARY~~
STREET ADDRESS ~~RT 14, BOX 640~~
CITY - ST - ZIP ~~LAKE ORRY FL~~

5.1 TITLE Change Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Richard Land**
5.4 CITY - ST - ZIP **Wester Rd. Lake City, Fl. 32024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Gary A. Heath

Gary A. Heath

4-17-95

904-755-0900

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Area Phone #)