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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01898

1. Corporation Name

BEREA BAPTIST CHURCH OF LAKE CITY, INC.

Principal Place of Business

STATE HWY 47, SOUTH
PO BOX 1694
LAKE CITY FL 32056-8694

Mailing Address

STATE HWY 47, SOUTH
PO BOX 1694
LAKE CITY FL 32056-8694



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/12/1984

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

9. Name and Address of Current Registered Agent

**OWEN, MELVIN J
OCEAN ST
OLUSTEE FL 32072**

10. Name and Address of New Registered Agent

81 Name **Emory Bailey**

82 Street Address (P.O. Box Number is Not Acceptable)
Rt. 3 Box 161-B

84 City **Lake City**

FL

85 Zip Code
32025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Emory Bailey*
Signature, typed or printed name of registered agent and title, if applicable.

Emory Bailey

1/23/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OWEN, MELVIN J	
STREET ADDRESS	OCEAN ST	
CITY-ST-ZIP	OLUSTEE FL 32072	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, EMORY	
STREET ADDRESS	RT 3 BOX 161B	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRANNEN, DELORES	
STREET ADDRESS	RT 10 BOX 787	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAND, RICHARD	
STREET ADDRESS	WESTER ROAD	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Emory Bailey	
1.3 STREET ADDRESS	Rt. 3 Box 161-B	
1.4 CITY-ST-ZIP	Lake City, FL 32025	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hubert Hewett	
2.3 STREET ADDRESS	1223 Pearl St.	
2.4 CITY-ST-ZIP	Lake City, FL 32025	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Emory Bailey* **Emory Bailey** 1/23/99 (904) 752-3299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)