

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01898

1. Entity Name

BEREA BAPTIST CHURCH OF LAKE CITY, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90063 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2181486

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BAILEY, EMORY  
RT 3 BOX 161-B  
LAKE CITY FL 32025

Name  
Troy Grant  
Street Address (P.O. Box Number is Not Acceptable)  
Rt. 15 Box 3048  
City  
Lake City FL Zip Code  
32024

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, EMORY	
STREET ADDRESS	RT 3 BOX 161-B	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEWETT, HUBERT	
STREET ADDRESS	1223 PEARL ST.	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	SD	<input checked="" 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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, TROY	
STREET ADDRESS	Rt. 15, Box 3048	
CITY-ST-ZIP	Lake City, FL. 32024	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, EMORY	
STREET ADDRESS	Rt. 3, Box 161-B	
CITY-ST-ZIP	Lake City, FL. 32025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000

Date

904-755-0900

Daytime Phone #