## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1998 8:00am

Secretary of State

1-13-98

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600002488 (2)

BEREA PRESBYTERIAN CHURCH, INC.

Principal Place of Business Mailing Address 2401 34TH ST NW 2401 34TH ST NW 3. Date Incorporated or Qualified WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 05/09/1996 FEI Number Applied For 59-3379512 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. **\$5.00** May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes Yes **☑** No 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CRUZ, DAVID Street Address (P.O. Box Number is Not Acceptable) 2211 AVE D NW 83 WINTER HAVEN FL 33803 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change \_\_\_ Addition TITLE ROLDAN, WILLIAM 1.2 NAME NAME 2426 29TH ST NW 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 1.4 CITY-ST-7IP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE CAPUTO, MICHAEL 2.2 NAME 2240 NOTINGHAM RD 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 'n CRUZ, DAVID 3.2 NAME NAME 2211 AVE D NW 3.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE REYES, REYNALDO 4. 2 NAME NAME 124 5TH ST JP 4.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 4.4 CITY-ST-ZIP City-St-ZiP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i), Fiorida 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.