

FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90048 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002488					
1. Corporation Name BEREA PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 2401 34TH ST NW WINTER HAVEN FL 33881			Mailing Address 2401 34TH ST NW WINTER HAVEN FL 33881		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3379512	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRUZ, DAVID 2211 AVE D NW WINTER HAVEN FL 33803				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85
					Winter Haven		33880

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 Reynaldo Reyes (NOTE: Registered Agent signature required when reinstating) DATE 1-7-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	ROLDAN, WILLIAM			1.2 NAME			
STREET ADDRESS	2426 29TH ST NW			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33881			1.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		2.1 TITLE	☒ Change ☐ Addition		
NAME	CAPUTO, MICHAEL			2.2 NAME	Reynaldo Reyes		
STREET ADDRESS	2240 NOTINGHAM RD			2.3 STREET ADDRESS	124 5th St. J.P.V.		
CITY-ST-ZIP	LAKELAND FL 33803			2.4 CITY-ST-ZIP	Winter Haven FL 33880		
TITLE	D	☒ DELETE		3.1 TITLE	☒ Change ☐ Addition		
NAME	CRUZ, DAVID			3.2 NAME	Jaime Rivera		
STREET ADDRESS	2211 AVE D NW			3.3 STREET ADDRESS	830 Whisper Lake Ct.		
CITY-ST-ZIP	WINTER HAVEN FL 33880			3.4 CITY-ST-ZIP	Winter Haven FL 33880		
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Reynaldo Reyes 1-7-99 (941) 965-1806
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)