

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N96000002488

1. Entity Name

BEREA PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

W02000003747

2. Principal Place of Business

1410 Dundee Rd

3. Mailing Address

2426 29th St NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33884

Country

Zip

33881

Country

4. FEI Number

59-3379512

Applied For

Not Applicable

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

Name Jaime Rivera

Street Address (P.O. Box Number is Not Acceptable)

830 Whisper Lake Ct

City Winter Haven

FL

Zip Code 33880

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

1/24/02

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
Chairman William Roldan C/D
STREET ADDRESS 2426 29th St. NW
CITY-ST-ZIP Winter Haven, FL 33884

TITLE NAME ☐ Change ☒ Addition
Director Reynaldo Reyes D
STREET ADDRESS 124 5th St JPV
CITY-ST-ZIP Winter Haven, FL 33880

TITLE NAME ☐ Change ☒ Addition
Treasurer Jaime Rivera T/D
STREET ADDRESS 830-Whisper-Lake-Ct
CITY-ST-ZIP Winter Haven, FL 33880

TITLE NAME ☐ Change ☐ Addition
400005134194--5
-03/19/02--01044--014
*****367.50 *****367.50

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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:

1/24/02

CR2E037 (5/01)