

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90248 001 ****61.25

DOCUMENT # N96000002488

1. Entity Name

BEREA PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**3745 RECKER HWY
WINTER HAVEN FL 33880**

Mailing Address

**2426 29TH STREET, NW
WINTER HAVEN FL 33881**

24057950



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3379512

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

**RIVERA, JAIME
830 WHISPER LAKE COURT
WINTER HAVEN FL 33880**

Name

Alynn Mendez

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

215 Fern Rd

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

4-21-04

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **ROLDAN, WILLIAM**
STREET ADDRESS **2426 29TH ST NW**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **D** ☒ Delete
NAME **REYES, REYNALDO**
STREET ADDRESS **124 5TH JPV**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **TD** ☒ Delete
NAME **RIVERA, JAIRNE**
STREET ADDRESS **830 WHISPER LAKE CT**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Alynn Mendez** ☒ Change ☐ Addition
NAME
STREET ADDRESS **215 Fern Rd**
CITY-ST-ZIP **Winter Haven FL 33880**

TITLE ☒ Change ☐ Addition
NAME **Raul Jimenez**
STREET ADDRESS **151 Lamaroux Rd**
CITY-ST-ZIP **Winter Haven FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04 (863) 401-9646

Date

Daytime Phone #