## 2003 NOT-FOR-PROFIT CORPORATION

Mailing Address

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600002488

1. Entity Name

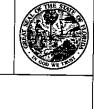
Principal Place of Business

BEREA PRESBYTERIAN CHURCH, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90061 003 \*\*\*\*70.00



1410 DUNDEE ROAD 2426 29TH STREET, NW WINTER HAVEN FL 33884 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address 3745 RECKER Suite Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3379512 Applied For WINTER HAUBN Not Applicable Zio Zip Country \$8.75 Additional 33881 5. Certificate of Status Desired M Polk Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIVERA, JAIME Street Address (P.O. Box Number is Not Acceptable) 830 WHISPER LAKE COURT WINTER HAVEN FL 33880 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME ROLDAN, WILLIAM NAME STREET ADDRESS 2426 29TH ST NW STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME REYES, REYNALDO NAME STREET ADDRESS 124 5TH JPV STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change ☐ Addition RIVERA, JAIRNE NAME STREET ADDRESS 830 WHISPER LAKE CT STREET ADDRESS CITY-ST-7IP WINTER HAVEN FL 33880 CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

WP = William Roldan