

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 06/15/99: \$61.55 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.35).

FILED

Jul 26 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001905					
1. Corporation Name BEREA EVANGELICAL MISSIONARY CHURCH, INC.					
Principal Place of Business 309 SOUTHRIDGE ROAD DELRAY BEACH FL 33444			Mailing Address 309 SOUTHRIDGE ROAD DELRAY BEACH FL 33444		



05/06/99 90087 023 70.00

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 04/04/1997 4. FEI Number APPLIED FOR 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BUSBY, ALBERTO F 309 SOUTHRIDGE ROAD DELRAY BEACH FL 33444				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 617.0603, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, ADNER	1.2 NAME	
STREET ADDRESS	251 ROSS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	
TITLE	SO	2.1 TITLE	☐ Change ☐ Addition
NAME	FRANCOIS, JEAN D	2.2 NAME	
STREET ADDRESS	309 SOUTHRIDGE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	DOLCINE, MARIE	3.2 NAME	
STREET ADDRESS	309 SOUTHRIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DOLCINE, DANIEL	4.2 NAME	
STREET ADDRESS	309 SOUTHRIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: *Adner Joseph* 7-12-99 561243-3236
Daytime Phone: 3236