

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001905

1. Entity Name

BEREA EVANGELICAL MISSIONARY CHURCH, INC.

f

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90077 033 ****70.00

Principal Place of Business

Mailing Address

309 SOUTHRIDGE ROAD
 DELRAY BEACH FL 33444

309 SOUTHRIDGE ROAD
 DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

2013-EST-131683940

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSBY, ALBERTO F
 309 SOUTHRIDGE ROAD
 DELRAY BEACH FL 33444

Name

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

City

FL

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.

SIGNATURE

Rev Adner Joseph

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

(NOTE: Registered Agent signature required when reinstating)

9-6-2000

DATE

FILE NOW: FEE IS \$61.25
 After September 13, 2000 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 D
 NAME JOSEPH, ADNER
 STREET ADDRESS 309 SOUTHRIDGE RD
 CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE SD
 NAME FRANCOIS, JEAN D
 STREET ADDRESS 309 SOUTHRIDGE ROAD
 CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE TD
 NAME DOLCINE, MARIE
 STREET ADDRESS 309 SOUTHRIDGE ROAD
 CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D
 NAME DOLCINE, DANIEL
 STREET ADDRESS 309 SOUTHRIDGE ROAD
 CITY-ST-ZIP DELRAY BEACH FL 33444

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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:

Rev Adner Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-2000

Date

Daytime Phone #

CF2E037 (5/00)