

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 03, 2000 8:00 am
Secretary of State

03-16-2000 90020 001 ***122.50

DOCUMENT # N97000002572

1. Entity Name

BEREAN CHRUCH OF GOD OF FT. LAUDERDALE, INC.

Principal Place of Business

Mailing Address

1441 N.W. 29 AVENUE
 FORT LAUDERDALE FL 33311

1441 N.W. 29 AVENUE
 FORT LAUDERDALE FL 33311-5017

*PO BOX 100488
 Ft. Lauderdale 33310*

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

65-0590343

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

POWELL, NEVILLE
1441 N.W. 29 AVENUE
FORT LAUDERDALE FL 33311

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

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**

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 **PD** ☐ Delete
 NAME **FAGAN, JOSEPH**
 STREET ADDRESS **1441 N.W. 29 AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **D** ☐ Change ☒ Addition
 NAME **Jean Parker-Ramsay**
 STREET ADDRESS **1441 NW 29th Ave**
 CITY-ST-ZIP **Fort Lauderdale FL 33311**

TITLE **SD** ☐ Delete
 NAME **POWELL, NEVILLE**
 STREET ADDRESS **839 ALABAMA AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE **TD** ☒ Delete
 NAME **LAKEMAN, OWEN**
 STREET ADDRESS **1100 N.W. 13TH COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jean Parker-Ramsay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/00 954 486 5487
 Daytime Phone #

CR2E037 (9/99)