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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004922 (7)**

1. Corporation Name

BEREAN BAPTIST CHURCH OF ZEPHYRHILLS, INC.

Principal Place of Business

Mailing Address

**5208 8TH ST
ZEPHYRHILLS FL 33540**

**5208 8TH ST
ZEPHYRHILLS FL 33540**



3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

59-3465766

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIAGIOTTI, PAUL
5208 8TH ST
ZEPHYRHILLS FL 33540**

81 Name

GARY S. HATRICK

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

5510 12TH ST 5208 8TH ST

83

84 City

ZEPHYRHILLS

FL

85 Zip Code

33540

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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

GARY S. HATRICK, PRESIDENT

1/29/98

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	<input checked="" type="checkbox"/> DELETE
NAME	BIAGIOTTI, PAUL	
STREET ADDRESS	5220 COUNTY RD 579, LOT 104	
CITY-ST-ZIP	SEFFNER FL 33584	

1.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HATRICK, GARY S.	
1.3 STREET ADDRESS	5510 12TH ST	
1.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HATRICK, GARY S	
STREET ADDRESS	5510 12TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANKLIN, GENIENE M	
STREET ADDRESS	5504 10TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

3.1 TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANKLIN, GENIENE M.	
3.3 STREET ADDRESS	5504 10TH ST.	
3.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYONS, STEVEN V	
STREET ADDRESS	36406 IONNO CT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

4.1 TITLE	T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LYONS, STEVEN V.	
4.3 STREET ADDRESS	36406 IONNO CT	
4.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

[Signature]

GARY S. HATRICK, PRESIDENT

1/29/98

(813) 783-2952

CR2E037 (10/97)