


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000005497</b>	
1. Entity Name <b>BEREAVEMENT CARE INSTITUTE, INC.</b>	

Principal Place of Business <b>C/O NEW LIFE BAPTIST CHURCH 5005 NW 173RD DR. MIAMI, FL 33055 US</b>	Mailing Address <b>C/O NEW LIFE BAPTIST CHURCH 5005 NW 173RD DR. MIAMI, FL 33055 US</b>
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01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0793244</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>MOSS, ROBERT 20341 N.E. 15TH AVENUE NORTH MIAMI BEACH, FL 33179</b>	DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and its if applicable (NOTE: Registered Agent's signature required when terminating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT <b>MOSS, ROBERT 20341 N.E. 15TH AVENUE NORTH MIAMI BEACH, FL 33179</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>GOLDEN, WILLIE 18910 NW 29TH PLACE MIAMI, FL 33056</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>CUMMINGS, ERIC REV. 5005 NW 173RD DR. MIAMI, FL 33055</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>BUTLER, REGINA MS 5005 NW 173RD DR. MIAMI, FL 33055</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>AGOST, CATHY 3700 EXECUTIVE WAY MIRAMAR, FL 33025</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>BALTIMORE, RODNEY MR. 2741 NORTH 29TH AVE. HOLLYWOOD, FL 33020</b>

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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)(f), 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: <u>Rev. Robert Moss</u> <u>Rev. Robert Moss</u>	2/24/05 305 624-4465
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>