


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005497	
1. Entity Name BEREAVEMENT CARE INSTITUTE, INC.	

Principal Place of Business C/O NEW LIFE BAPTIST CHURCH 5005 NW 173RD DR. MIAMI, FL 33055 US	Mailing Address C/O NEW LIFE BAPTIST CHURCH 5005 NW 173RD DR. MIAMI, FL 33055 US
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0793244	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSS, ROBERT 20341 N.E. 15TH AVENUE NORTH MIAMI BEACH, FL 33179

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	MOSS, ROBERT
STREET ADDRESS	20341 N.E. 15TH AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	GOLDEN, WILLIE
STREET ADDRESS	18910 NW 29TH PLACE
CITY-ST-ZIP	MIAMI, FL 33058
TITLE	D
NAME	CUMMINGS, ERIC REV.
STREET ADDRESS	5005 NW 173RD DR.
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	D
NAME	BUTLER, REGINA MS
STREET ADDRESS	5005 NW 173RD DR.
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	D
NAME	AGOST, CATHY
STREET ADDRESS	3700 EXECUTIVE WAY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	BALTIMORE, RODNEY MR.
STREET ADDRESS	2741 NORTH 29TH AVE.
CITY-ST-ZIP	HOLLYWOOD, FL 33020

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03/04/06-80041-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Robert Moss* *Rev. Robert Moss* **(305) 624-2339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #