

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005497

FILED
Apr 24, 2007
Secretary of State

Entity Name: BEREAVEMENT CARE INSTITUTE, INC.

Current Principal Place of Business:

C/O NEW LIFE BAPTIST CHURCH
5005 NW 173RD DR.
MIAMI, FL 33055 US

New Principal Place of Business:

20341 N.E. 15TH AVENUE
NORTH MIAMI BEACH, FL 33179 US

Current Mailing Address:

C/O NEW LIFE BAPTIST CHURCH
5005 NW 173RD DR.
MIAMI, FL 33055 US

New Mailing Address:

P.O. BOX 3083
HALLANDALE, FL 33008 US

FEI Number: 65-0793244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, ROBERT
20341 N.E. 15TH AVENUE
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MOSS, ROBERT
Address: 20341 N.E. 15TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: GOLDEN, WILLIE
Address: 18910 NW 29TH PLACE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: CUMMINGS, ERIC REV.
Address: 5005 NW 173RD DR.
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: BUTLER, REGINA MS
Address: 5005 NW 173RD DR.
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: AGOST, CATHY
Address: 3700 EXECUTIVE WAY
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: BALTIMORE, RODNEY MR.
Address: 2741 NORTH 29TH AVE.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MOSS

PT

04/24/2007

Electronic Signature of Signing Officer or Director

Date