2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

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Entity Name: BEREAVEMENT CARE INSTITUTE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3083
HALLANDALE, FL 33008 US

New Mailing Address:

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
Name: MOSS, ROBERT REV.
Address: 20341 N.E. 15TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D
Name: GOLDEN, WILLIE REV.
Address: 18910 NW 29TH PLACE
City-St-Zip: MIAMI, FL 33056 US

Title: D
Name: MOSS, GEORGE MR.
Address: 20341 NE 15TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D
Name: ROBBINS, LARRY REV.
Address: 18422 NW 23RD COURT
City-St-Zip: MIAMI GARDENS, FL 33056 US

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

I hereby 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 all other like empowered.

SIGNATURE: REV. ROBERT MOSS PT 04/19/2011

Electronic Signature of Signing Officer or Director Date