## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 27, 2002 8:00 am Secretary of State DOCUMENT # N9800000316 1. Entity Name BEREAN BAPTIST CHURCH, INC. OF DAYTONA BEACH, FL 03-27-2002 90054 043 \*\*\*\*61.25 ORIDA Principal Place of Business Mailing Address BEREAW BAPT, CHURCH 211 MADISON AVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State **NOT APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5.xCertificate of Status Desired -----7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, DWAINE M 1038 BERKSHIRE RD DAYTONA BECH FL 32117 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition JOHNSON, DWAINE M NAME NAME 1038 BERKSHIRE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Daytona Beach FL 32117 TD TITLE Delete TITLE Change ☐ Addition CORBITT, HEZEKIAH NAME NAME 151 FIRST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE ☐ Delete TITLE Change ☐ Addition BRYANT, JAMES N NAME NAME 999 Vernon St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Daytona Beach FL 32114 ☐ Delete TITLE Change ☐ Addition TITLE WILKERSON, PATRICK NAME NAME 732 REVERE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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:

SHALL TO THE DWAITE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/02

(386)252-6978

Daytime Phone #

**FILED**