

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006311

1. Entity Name

BERACHAH MISSIONARY BAPTIST CHURCH, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90005 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

16936 S DIXIE HWY  
PERRINE FL 33157

16936 S DIXIE HWY  
PERRINE FL 33157-4354

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0877916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYANT, WILLIAM R  
16936 S DIXIE HWY  
PERRINE FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, PATRICIA A	
STREET ADDRESS	19801 SW 110TH CT APT 821	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEABROOK, SAM	
STREET ADDRESS	14282 SW 107 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORBIE, VIRGINIA	
STREET ADDRESS	7761 SW 88 STREET 214D	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, WILLIAM R	
STREET ADDRESS	14720 SW 104 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANSEY, ROBERT LOWELL	
STREET ADDRESS	10106 CIRCLE PLAZA	
CITY-ST-ZIP	PERRINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DENISE A JONES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10135 SW 1765+	
STREET ADDRESS	MIAMI, FLA 33157	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*William R Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000

305-273-2636  
305-255-0111  
Date Daytime Phone #

CR2E037 (9/99)