

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0025185

DOCUMENT # N98000006311

1. Entity Name

BERACHAH MISSIONARY BAPTIST CHURCH, INC.

03-13-2002 90041 027 ****61.25

Principal Place of Business

Mailing Address

16936 S DIXIE HWY
 PERRINE-FL 33157

16936 S DIXIE HWY
 PERRINE FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Berechah Missionary
 Baptist Church, INC**

**16936 S Dixie Hwy
 Perrine, FL 33157**

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]

(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 ☐ Delete
 NAME **D SEABROOK, SAM**
 STREET ADDRESS **14262 SW 107 PLACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D SMITH, MILDRED J**
 STREET ADDRESS **14300 SW 280 STREET LOT 12**
 CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE ☐ Change ☐ Addition
 NAME **Smith Mildred J.**
 STREET ADDRESS **100 N.E. 6th Ave, Lot #612**
 CITY-ST-ZIP **Homestead, Florida 33030**

TITLE ☐ Delete
 NAME **D BRYANT, WILLIAM R**
 STREET ADDRESS **14720 SW 104 AVE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T BRYANT, ONLY G**
 STREET ADDRESS **19801 SW 110 CT., APT W 120**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T JONES, WILLIE L**
 STREET ADDRESS **10791 SW 221 STREET**
 CITY-ST-ZIP **GOULDS FL 33170**

TITLE ☐ Change ☐ Addition
 NAME **Robert Lansey**
 STREET ADDRESS **10106 Circle Plaza West**
 CITY-ST-ZIP **miami, Fla. 33157-5305**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Debra Bryant**
 STREET ADDRESS **14720 S.W. 104 Ave**
 CITY-ST-ZIP **miami, Florida. 33176**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/02 305-273-2636

CR2E037 (9/01)