


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90263 009 ****70.00

DOCUMENT # <u>N98000006311</u>	
1. Entity Name <u>Berachah Missionary Baptist Church</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>12301 S.W. 216 Street</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Gould 33170</u>		City & State	
Zip <u>33170</u>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0877916</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Bryant William R. (Pastor)</u> <u>10559 S.W. 216 St. #B</u> <u>Miami, FL 33190</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Jeffery Joan (Asst. Pastor)</u> <u>6210 S.W. 63 Terr.</u> <u>South Miami, FL 33143</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Smith Johnnie (minister)</u> <u>100 N.E. 6th Ave.</u> <u>Homestead FL 33030</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BRYANT ONLY (treasure)</u> <u>20612 manta drive</u> <u>Miami, FL 33189</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Smith Mildred (C. Clerk)</u> <u>100 N.E. 6th Ave Lot 612</u> <u>Homestead FL 33030</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Horton Fred (Asst. treasure)</u> <u>5929 S.W. 63 Street</u> <u>South Miami, FL 33143</u>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rev. William R. Bryant 4/18/05 305-431-6588

CR2E037B (12/02)