


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90128 041 \*\*\*\*70.00

<b>DOCUMENT # N98000006311</b>			
1. Entity Name <b>BERACHAH MISSIONARY BAPTIST CHURCH, INC.</b>			
Principal Place of Business <b>10705 S.W. 216 STREET, #218 GOULD FL 33170</b> <i>NO Longer</i>		Mailing Address <b>10705 S.W. 216 STREET, #218 GOULD FL 33170</b> <i>NO Longer</i>	
2. Principal Place of Business - No P.O. Box # <b>21330 S.W. 120 AVE</b>		3. Mailing Address <b>21121 S.W. 85th AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>APT 217</b>	
City & State <b>GOULDS, FL 33170</b>		City & State <b>CUTLER BAY, FL 33189</b>	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BRYANT, WILLIAM R 21121 S.W. 85TH AVENUE APT 217 MIAMI FL 33189</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRYANT, WILLIAM R 21121 S.W. 85 AVENUE, APT 217 CUTLER BAY FL 33189</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT BRYANT, ONLY 26101 S.W. 133 COURT PRINCETON FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CC WIGGIN, DORET 15278 S.W. 104 STREET, #531 MIAMI FL 33196</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robinson Ferry (CC) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 S.E. 12 Ave APT. 121 Homestead, FL 33030</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEAC LANSEY, ROBERT L 1016 CIRCLE PLAZA WEST PERRINE FL 33157</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robinson Ferry</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **4/15/08** **305-431-6588**