

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91174 009 ****62.00

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1. Entity Name

BERACHAH MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**16936 S DIXIE HWY
PERRINE FL 33157**

Mailing Address

**16936 S DIXIE HWY
PERRINE FL 33157**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **Minister Johnnie Smith**
STREET ADDRESS **100 N.E. 6th Ave Lot 672**
CITY-ST-ZIP **Homestead, Fla.**

TITLE **D** ☐ Delete
NAME **SMITH, MILDRED J**
STREET ADDRESS **100 NE 6TH AVE LOT #612**
CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE **D** ☐ Delete
NAME **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 **T** ☐ Delete
NAME **ROBERT, LANSEY**
STREET ADDRESS **10106 CIRCLE PLAZA WEST**
CITY-ST-ZIP **MIAMI FL 33157**

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

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

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

TITLE **T** ☒ Delete
NAME **DEBRA BRYANT**
STREET ADDRESS **14720 S.W. 104 AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME **Ferry Robinson**
STREET ADDRESS **105 S.E. 12th Ave apt 121**
CITY-ST-ZIP **Homestead, Fla. 33030**

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 another like empowered.

SIGNATURE:

[Signature]

4/16/03 305-273-2636

CR2E037 (10/02)