## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	NEN 1 F	1114/4	UU	(9)					
BEREA	AN BIBLE C	OMMUNITY C							
Principal Plac	e of Business		Ma	Mailing Address			e saktular ber anker idnes micher daser ante mehr anner minte beder gefelt fritte fille.		
740 LITHIA-PIN BRANDON FL US			740 LITHIA-PINECREST RD BRANDON FL 33511 US				3. Date Incorporated or Qualified  02/17/1992  4. FEI Number  Applied For		
2. Principal P	lace of Busines	ss	20.	2e. Mailing Address			59-3178230 Not Applicable  5 Certificate of Status Decised W \$8,75 Additional		
21			26				5. Certificate of Status Desired		
Sulte, Apt.	#, etc.		27	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat	6	<del></del>		City & State			7. Is this nonprofit corporation a homeowners association?		
<b>23</b> Zip		Country	28	Zip Coun			Yes No      This corporation owes or has paid the current year Intangliele		
24	26	¬ '	29 30		<b>—</b>	,	Personal Property Tax due June 30. Yes No		
	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
					81	Name			
	JEAN, MICHAEL A.					Street A	ddress (P.O. Box Number is Not Acceptable)		
3906 W. LOUISIANA AVENUE					63	63			
IAMEA	TAMPA FL 33614					<u> </u>			
					84				
office or r agent. I a SIGNATURE		nt, or both, in the St , and accept the ob printed name of registered					corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
12.	2. OFFICERS A			ND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			☐ DELETE 1.1 T		1	Change		
NAME	NAME JEAN, MICHAEL A SR STREET ADDRESS 3206 W LOUISIANA AVE			1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP TAMPA FL 33614				1.3 STH					
TITLE	D			DELETE 2.1 TI		31-217	Change Addition		
NAME	MCFADDEN, GREGEORY			2.2 NAM					
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP						ST-ZIP	[] Change [] 13400-		
TITLE	D LINTON €	DITELLO		DELETE 3.1 TO			Change Addition		
NAME STREET ADDRESS	HINTON, RUFUS ESS 914 WICKETRON DRIVE					T ADDRESS			
CITY-ST-ZIP	DOLLIDAN EL ANCIA			3.4.C					
TITLE		<del></del>		DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME					4. 2 NAME	:			
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP TITLE				DELETE	DELETE 5.1 TITLE		Change Addition		
NAME				5.2 NAME			En stanton		
STREET ADDRESS					5.3 STREET ADDRESS				
CITY-ST-ZIP					5.4 CITY-ST-ZIP				
TITLE				DELETE	6.1 TITLE		Change Addition		
NAME					6.2 NAME				
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP	partific that the	nformation ounnies	Ludth thin 6	ling door not qualify	6.4 CITY-		Lin Section 119 (7/3Vi) Floride Statutes I further certify that the information		

I hereby certify that the Information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental ennual 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 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Mar 11 1998 8:00am

Secretary of State