

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000762

Entity Name: BEREAN BAPTIST COLLEGE, INC.**Current Principal Place of Business:**4459 US HIGHWAY 17
FLEMING ISLAND, FL 32003**Current Mailing Address:**4459 US HIGHWAY 17
FLEMING ISLAND, FL 32003**FEI Number: 74-3055534****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULLER, BARRY J
2301 PARK AVE., STE. 404
ORANGE PARK, FL 32073 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHANCELLOR
Name	NEAL, THOMAS
Address	3722 GLYNN COTTAGE CT.
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	PRESIDENT
Name	NEAL, GREG
Address	4459 US HIGHWAY 17
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DS
Name	HAMILTON, ROBERT FJR
Address	1653 RIVER BREEZE DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DT
Name	WILES, JAMES T
Address	3439 OLYMPIC DR
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	VP
Name	FOX, CHRIS
Address	4459 US HIGHWAY 17
City-State-Zip:	FLEMING ISLAND FL 32003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS FOX**VICE PRESIDENT****04/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date