

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 732669	
1. Entity Name BEREAN BAPTIST CHURCH OF CHIPLEY, INC.	
Principal Place of Business 1438 NEARING HILLS ROAD CHIPLEY, FL 32428 US	Mailing Address 1438 NEARING HILLS ROAD CHIPLEY, FL 32428 US



01112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2913100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKELTON, DANIEL S 5028 HWY 77 GRACEVILLE, FL 32440	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LEE, BOB 1485 FALLING WATER ROAD CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, DONNELL 986 DONNELL ROAD CHIPLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSS, JAMES D 2206-A HWY 90 CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKELTON, DANIEL S 5028 HWY 77 GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/04-80007-004 61.25

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: Bob Lee **Bob Lee** 1-11-04 850-638-7826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #