

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

B-6268

C

DOCUMENT # 752734

(4)

1. Corporation Name

BEREAN INTERNATIONAL MINISTRY, INC.



Principal Place of Business

Mailing Address

2280 ALEXANDER DR
TITUSVILLE FL 32796

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TITUSVILLE FL 32796

3. Date Incorporated or Qualified

06/02/1980

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

MORGAN, CHARLES O.
1300 N.W. 167 ST.
MIAMI FL 33169

4. FEI Number

59-2015745

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	INMAN, GARY C.	
STREET ADDRESS	285 MELBOURNE AVE.	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MANTHORNE, KENNETH	
STREET ADDRESS	395 E VISCAYA CIR	
CITY - ST - ZIP	DELTONA FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PARDUE, MURRAY E	
STREET ADDRESS	929 GOLFSIDE DRIVE	
CITY - ST - ZIP	WINTER PARK, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KEITH, RALPH C	
STREET ADDRESS	10623 BOLAND DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, FRED JR	
STREET ADDRESS	1565 TUNA	
CITY - ST - ZIP	MERRITT ISL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHEALY, J T	
STREET ADDRESS	211 TURPENTINE RD	
CITY - ST - ZIP	MIMS, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary C. Inman, President

Date

4/26/96

Daytime Phone #

407/269-6897

CR2E037 (12/95)