

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90271 031 ****70.00

DOCUMENT # 752734 1. Entity Name BEREAN INTERNATIONAL MINISTRY, INC.					
Principal Place of Business 2280 ALEXANDER DR TITUSVILLE, FL 32796			Mailing Address 2280 ALEXANDER DR TITUSVILLE, FL 32796		
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 59-2015745				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORGAN, CHARLES O. 1300 N.W. 167 ST. MIAMI, FL 33169			Name <u>GARY C. Inman, Gary C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>285 Melbourne Avenue</u> City <u>Merritt Island</u> <u>FL</u> Zip Code <u>32953</u>		
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 <u>Gary C. Inman</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Gary C. Inman, President</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4/19/04</u> <small>DATE</small>	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR INMAN, GARY C. 285 MELBOURNE AVE. MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Blair, Everett G. 7165 120th St North Seminole FL 33772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR BEEBY, JEAN E 3165 SOUTH ST UNIT 316 TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR PARDUE, MURRAY E 1817 SUMMERFIELD RD WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STAHRE, WAYNE E 2280 ALEXANDER DR TITUSVILLE, FL 32796		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LEE, FRED JR 1565 TUNA MERRITT ISL, FL 32592 <u>32952</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>32952</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR SHEALY, J T 2111 FOGGY BOTTOM LN MIMS, FL 32754 <u>32754</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>32754</u>	
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: <u>Gary C. Inman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/19/04</u> <u>321-480-1279</u> <small>Date Daytime Phone #</small>		