

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90028 021 ****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

50007206



03262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2015745	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

INMAN, GARY C
285 MELBOURNE AVE.
MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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	STR INMAN, JUDITH B 285 MELBOURNE AVENUE MERRITT ISLAND, FL 32953
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	TR STAHR, WAYNE E 2280 ALEXANDER DR TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LEE, FRED JR 225 S. TROPICAL TRAIL #114 MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR SHEALY, J T 2111 FOGGY BOTTOM LN MIMS, FL 32754

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gary C. Inman Gary C. Inman, President 3/27/06 321-480-1279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #