


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 752734 1. Entity Name BEREAN INTERNATIONAL MINISTRY, INC. |  |
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| Principal Place of Business 2280 ALEXANDER DR TITUSVILLE, FL 32796 | Mailing Address 2280 ALEXANDER DR TITUSVILLE, FL 32796 |
|--|--|

DO NOT WRITE IN THIS SPACE



02232008 No Chg-NP CR2E037 (4/06)

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|---|-------------------------------|
| 4. FEI Number 59-2015745 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent INMAN, GARY C 285 MELBOURNE AVE. MERRITT ISLAND, FL 32953 | 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 _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 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 | |
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| 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 STAHRE, 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 |

**DO NOT WRITE
IN THIS SPACE**

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03/11/08-80001-012 70.00

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 an other like empowered.

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|---|----------------|---------------------|
| SIGNATURE:  Gary C. Inman, President | 2/23/08 | 321-453-5570 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| Date Daytime Phone # | | |