

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752734

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** BEREAN INTERNATIONAL MINISTRY, INC.

**Current Principal Place of Business:**

2280 ALEXANDER DR  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

2280 ALEXANDER DR  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 59-2015745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTR ( ) Delete  
Name: INMAN, GARY C.  
Address: 285 MELBOURNE AVE.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: STR ( ) Delete  
Name: INMAN, JUDITH B  
Address: 285 MELBOURNE AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VTR ( ) Delete  
Name: PARDUE, MURRAY E  
Address: 1817 SUMMERFIELD RD  
City-St-Zip: WINTER PARK, FL 32792

Title: TR ( ) Delete  
Name: STAHERE, WAYNE E  
Address: 2280 ALEXANDER DR  
City-St-Zip: TITUSVILLE, FL 32796

Title: TR ( ) Delete  
Name: LEE, FRED JR  
Address: 225 S. TROPICAL TRAIL #114  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TTR ( ) Delete  
Name: SHEALY, J T  
Address: 2111 FOGGY BOTTOM LN  
City-St-Zip: MIMS, FL 32754

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY C. INMAN

PRES

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date