

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90091 036 ****61.25

DOCUMENT # N01000000762 1. Entity Name BEREAN BAPTIST COLLEGE, INC.					
Principal Place of Business 4459 HWY. 17 SOUTH ORANGE PARK, FL 32073			Mailing Address 4459 HWY. 17 SOUTH ORANGE PARK, FL 32073		
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 74-3055534	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FULLER, BARRY J 2301 PARK AVE., STE. 404 ORANGE PARK, FL 32073				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NEAL, THOMAS		NAME		
STREET ADDRESS	3722 GLYNN COTTAGE COURT		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FARBER, SAMUEL DR.		NAME		
STREET ADDRESS	3719 CONSANCIA DR.		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	NEAL, GREG		NAME		
STREET ADDRESS	1902 SUWANEE RIVER DRIVE		STREET ADDRESS	1441 Laurel Oak Dr	
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TEDDER, GEORGE		NAME		
STREET ADDRESS	3532 SPINDESTONE CT		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HAMILTON, BOB		NAME		
STREET ADDRESS	1653 RIVER BREEZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WILES, JAMES		NAME		
STREET ADDRESS	3439 OLYMPIC DR		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
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: <i>Sam Farber</i> SAM FARBER, V.P.			3/13/06 904-264-5333		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40031000



03012006 Chg-NP CR2E037 (11/05)