


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90133 012 \*\*\*\*61.25

<b>DOCUMENT # N01000005272</b>					
<b>1. Entity Name</b> BEREAN BAPTIST CHURCH OF PUTNAM COUNTY, INC.					
<b>Principal Place of Business</b> 2715 PRESIDENT STREET PALATKA FL 32177			<b>Mailing Address</b> 2715 PRESIDENT STREET PALATKA FL 32177		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3734978	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> DOWNING, SCOTT G 509 MOSELEY AVE. PALATKA FL 32177					
<b>7. Name and Address of New Registered Agent</b>					
Name <u>DOWNING, SCOTT G.</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>113 VINTAGE LANE</u>					
City <u>PALATKA</u> FL <u>32177</u> Zip Code					
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make Check Payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	HAWN, CONNOR <input type="checkbox"/> Delete 109 WILDCAT TR PALATKA FL 32177 D				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	DOTY, JOSEPH <input type="checkbox"/> Delete 1377 BARDIN ROAD PALATKA FL 32177 D				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	ADAMS, MIHAEL <input type="checkbox"/> Delete 211 OLD PENIEL ROAD PALATKA FL 32177				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

**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: [Signature]