

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90192 018 ****61.25

DOCUMENT # N01000005272

1. Entity Name

BEREAN BAPTIST CHURCH OF PUTNAM COUNTY, INC.



Principal Place of Business

2715 PRESIDENT STREET
PALATKA FL 32177

Mailing Address

2715 PRESIDENT STREET
PALATKA FL 32177



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3734978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNING, SCOTT G
113 VINTAGE LANE
PALATKA FL 32177

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

FILE NOW: 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 ☐ Delete
NAME **D**
STREET ADDRESS **HAWN, CONNOR**
CITY-ST-ZIP **109 WILDCAT TR**
PALATKA FL 32177

TITLE ☒ Change ☐ Addition
NAME **DELETE**
STREET ADDRESS **CONNOR HAWN**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOTY, JOSEPH**
CITY-ST-ZIP **1377 BARDIN ROAD**
PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ADAMS, MICHAEL MICHAEL**
CITY-ST-ZIP **211 OLD PENIEL ROAD**
PALATKA FL 32177

TITLE ☐ Change ☐ Addition
NAME **ADAMS, MICHAEL**
STREET ADDRESS **211 OLD PENIEL ROAD**
CITY-ST-ZIP **PALATKA, FL 32177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael Adams*