


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # N01898	
1. Entity Name BEREA BAPTIST CHURCH OF LAKE CITY, INC.	

Principal Place of Business STATE HWY 47, SOUTH PO BOX 1694 LAKE CITY, FL 32056-8694	Mailing Address STATE HWY 47, SOUTH PO BOX 1694 LAKE CITY, FL 32056-8694
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02242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2181486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SWEAT, LARRY
162 SW RIDGE STREET
LAKE CITY, FL 32024

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2007	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAND, RICHARD 1101 SW WESTER DRIVE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TUCKER, LARRY 164 SW QUILLINGS GLEN LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NORRIS, LC 5395 SW SR-247 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SWEAT, LARRY 162 SW RIDGE STREET LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: X Larry E Sweat LARRY E SWEAT 3/21/07 755-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #