2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N03000005451

Entity Name: BEREAN AMBASSADORS COMMUNITY DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

5438 BRISTOL BAY CT.
JACKSONVILLE, FL 32244

New Principal Place of Business:

14501 LAKE JESSUP DRIVE
JACKSONVILLE, FL 32244

Current Mailing Address:

5438 BRISTOL BAY CT.
JACKSONVILLE, FL 32244

New Mailing Address:

14501 LAKE JESSUP DRIVE
JACKSONVILLE, FL 32259

FEI Number: 90-0097480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPE, MARI
5438 BRISTOL BAY CT.
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

HOPE, MARI
14501 LAKE JESSUP DRIVE
JACKSONVILLE, FL 32259 US

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: MARI HOPE 04/30/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOPE, MARI Y
Address: 5438 BRISTOL BAY CT.
City-St-Zip: JACKSONVILLE, FL 32244

Title: T ( ) Delete
Name: CHILDS, YVONNE
Address: 2021 HOLCROFT RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete
Name: HODGES, OCTAVIA
Address: 5436 BRISTOL BAY LANE N.
City-St-Zip: JACKSONVILLE, FL 32209

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARI HOPE PD 04/30/2005
Electronic Signature of Signing Officer or Director Date