

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010617	
1. Entity Name BEREAN BIBLE COLLEGE & SEMINARY, INC.	

Principal Place of Business 501 11TH ST. DRIVE WEST PALMETTO, FL 34221	Mailing Address 501 11TH ST. DRIVE WEST PALMETTO, FL 34221
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03102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3793422	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRADLEY, G.I. DR. 501 11TH ST. DRIVE WEST PALMETTO, FL 34221
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) **(NOTE: Registered Agent signature required when reissuing)** **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

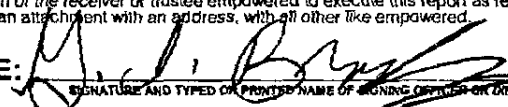
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, G.I. DR. 6901 OLD HWY. 37 BRADLEY, FL 33835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, FLETCHER JR. 11755 ERIE RD. PARRISH, FL 33219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERSON, PEGGY A 324 12TH ST. WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000501086 *SC*
04/25/06-80047-019 8.75

U00000501086
04/25/06-80047-019 70.00

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/26/06 **941-722-5134**
Date Daytime Phone #