


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90265 021 \*\*\*\*61.25

<b>DOCUMENT # N05000006027</b>	
1. Entity Name BEREAN CHURCH OF GOD INTERNATIONAL-LAKELAND, INC.	

Principal Place of Business 1433 E GARY ROAD LAKELAND, FL 33801	Mailing Address 1433 E GARY ROAD LAKELAND, FL 33801
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number <b>20-3434537</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent JACKSON, EPHRAIM 2262 SE MASLAN AVE PORT ST LUCIE, FL 34652		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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

**Filing 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, EPHRAIM 1433 E GARY ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, WINIFRED 1433 E GARY ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHISHOLM, MELBOURNE 1433 E GARY ROAD LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAY, INGRID 1433 E GARY ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBERT, VELMA 1433 E GARY ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST SCOTT-CORNWALL, MIRIAM 1433 E GARY ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Dwight POWELL 1433 E GARY ROAD LAKELAND FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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 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:**  **INGRID FRAY** **1-12-06** **(863)686-8155**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #