2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 23, 2008 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # N05000006027 1. Entity Name 04-23-2008 90027 022 ****61.25 BEREAN CHURCH OF GOD INTERNATIONAL-LAKELAND, INC. Principal Place of Business Mailing Address 1433 E GARY ROAD 1433 E GARY ROAD LAKELAND, FL 33801 LAKELAND, FL 33801 Principal Place of Business - No P.O. Box # 3. Mailing Address 2736 WOODSTOCK AVE PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 Chg-NP CR2E037 (12/06) FEI Number 20-3434537 City & State City & State Applied For AKELAN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired О Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, EPHRAIM 2262 SE MASLAN AVE Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE, FL 34652 Zip Code FI 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 eignature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TILE ☐ Delete MLE AWANNA CHISHOLM Change JACKSON, EPHRAIM NAME NAME STREET ADDRESS 1433 E GARY ROAD PO BOX 91835 LAKELAND PC-33804 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP TITLE Delete ZACHARY JOHNSON Change Modition
PO BOX 91535 LAKELAND FL-33804 TM F D NAME MORGAN, WINIFRED NAME STREET ADDRESS 1433 F GARY ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-77P TITLE ☐ Delete ☐ Change TITLE YEDRGE FAGAN NAME GRANT, KARYN NAME STREET ADDRESS 1433 E GARY ROAD STREET ADDRESS POBON 91535 LAKELAND PL-32 CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP Detete TITLE ME NAME FRAY, INGRID NAME STREET ADDRESS 1433 E GARY ROAD STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33801 CITY-ST-ZIE TITLE Delete MLE ☐ Change ☐ Addition POWELL, DWIGHT NAME NAME STREET ADDRESS 1433 E GARY ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SCOTT-CORNWALL, MIRIAM NAME NAME STREET ADDRESS 1433 E GARY ROAD STREET ADDRESS LAKELAND, FL 33801 CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this are required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an altaehonght with an address, with all other like empowered. DOCT SIGNATURE: 5 SIGNATURE AND TYPED OR PRINTED NAME OF

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DOCUMENT # N05000006027 1. Entity Name BEREAN CHURCH OF GOD INTERNATIONAL-LAKELAND, INC.					ATTACHMENT			
Principal Plac 1433 E GARY LAKELAND, F	/ ROAD FL 33801	Mailing Address 1433 E GARY ROAD LAKELAND, FL 33801			. LLD)779c	28	
3 Principal P 2736 Suite, Apt.	tace of Business - No P.O. Box # WoodsTock AVE	3. Mailing Address PDBDX 9/535 Suite, Act. #, etc.			700			
	•				04162008 Chg-NP CR2E037 (12/06)			
LAKELAND FL		LAKELAMO FL.			4. FEI Number 20-3434537		<u> </u>	optied For ot Applicable
3380/	Country USA	33804	Country USA		5. Certificate of Status (Jestreu 🗆	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
JACKSON, EPHRAIM 2262 SE MASLAN AVE PORT ST LUCIE, FL 34652				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Cod	le
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$81.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribution					\$5.00 May Be Added to Fees	Make check Florida Depart		
			11.	Al	DOITIONS/CHANGES TO	OFFICERS AND DIF	ECTORS IN	
TITLE NAME	D JACKSON, EPHRAIM	Delete	title Name				☐ Change	Addition
STREET ADDRESS	1433 E GARY ROAD		STREET ADORESS					İ
CHY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP					
TITLE NAME	D MORGAN, WINIFRED	⊈ 1€iete	TITLE NAME				Change	☐ Addition
STREET ADDRESS	1433 E GARY ROAD		STREET ADDRESS	į				
CTTY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP					
TITLE :	S GRANT, KARYN	☐ Delete	TITLE NAME			ADDRESS	□ Change	☐ Addition
STREET ADDRESS	1433 E GARY ROAD		STREET ADDRESS	D-	0	1 .		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-SI-ZIP	101	BOX 91835	LAKELM	DFL	33804
title Name	T FRAY, INGRID	Delete	TITLE NAME				Change	Addition
STREET ADDRESS	1433 E GARY ROAD		STREET ADDRESS					
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP					
TITLE NAME	T POWELL, DWIGHT	☐ Delete	TITLE NAME		3 DX 91535	ADDRESS	(2) Change	Addition
STREET ADDRESS	1433 E GARY ROAD		STREET ADDRESS	PO !	BOX 91535	LAKELA	ID PI-	220011
CTTY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	<u> </u>				/
TITLE Name	ASST SCOTT-CORNWALL, MIRIAM	☐ Delete	TITLE Name		_	ADDRESS	(P) Change	Addition
STREET ADDRESS	1433 E GARY ROAD		STREET ADDRESS	POL	BOX 91539	LAKEL	MD 1	7.33821
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	l				
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 popplemental 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 faceiver or trusted 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 extagnment with an address, with all other like empowered.								
SIGNATURE					il 20, 200	@ - Tru-21	UV-K	728
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