



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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


04-23-2008 90027 022 ****61.25

DOCUMENT # N05000006027			
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	
2. Principal Place of Business - No P.O. Box # 2736 WOODSTOCK AVE.		3. Mailing Address PO BOX 91535	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND FL.		City & State LAKELAND FL.	
Zip 33801		Zip 33804	
Country USA		Country USA	
4. FEI Number 20-3434537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	T LAWANNA CHISHOLM PO BOX 91535 LAKELAND FL-33804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, WINIFRED 1433 E GARY ROAD LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACHARY JOHNSON PO BOX 91535 LAKELAND FL-33804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANT, KARYN 1433 E GARY ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGE FAGAN PO BOX 91535 LAKELAND FL-33804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRAY, INGRID 1433 E GARY ROAD LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, DWIGHT 1433 E GARY ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST SCOTT-CORNWALL, MIRIAM 1433 E GARY ROAD LAKELAND, FL 33801 <input type="checkbox"/> Delete	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: 		APRIL 20, 2008 - 754-244-5728	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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ATTACHMENT

40077928

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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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TITLE D	NAME JACKSON, EPHRAIM	TITLE _____	NAME _____
STREET ADDRESS 1433 E GARY ROAD	CITY-ST-ZIP LAKELAND, FL 33801	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE D	NAME MORGAN, WINIFRED	TITLE _____	NAME _____
STREET ADDRESS 1433 E GARY ROAD	CITY-ST-ZIP LAKELAND, FL 33801	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE S	NAME GRANT, KARYN	TITLE _____	NAME _____
STREET ADDRESS 1433 E GARY ROAD	CITY-ST-ZIP LAKELAND, FL 33801	STREET ADDRESS PO BOX 91535 LAKELAND FL 33804	CITY-ST-ZIP LAKELAND FL 33804
TITLE T	NAME FRAY, INGRID	TITLE _____	NAME _____
STREET ADDRESS 1433 E GARY ROAD	CITY-ST-ZIP LAKELAND, FL 33801	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE T	NAME POWELL, DWIGHT	TITLE _____	NAME _____
STREET ADDRESS 1433 E GARY ROAD	CITY-ST-ZIP LAKELAND, FL 33801	STREET ADDRESS PO BOX 91535 LAKELAND FL 33804	CITY-ST-ZIP LAKELAND FL 33804
TITLE ASST	NAME SCOTT-CORNWALL, MIRIAM	TITLE _____	NAME _____
STREET ADDRESS 1433 E GARY ROAD	CITY-ST-ZIP LAKELAND, FL 33801	STREET ADDRESS PO BOX 91539 LAKELAND FL 33804	CITY-ST-ZIP LAKELAND FL 33804
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: APRIL 20, 2008 - 84244-5728 <small>Daytime Phone #</small>	