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Mar 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27188 (4)

1. Corporation Name

BEREAN BAPTIST CHURCH OF ORANGE PARK, INC.

Principal Place of Business

4459 HIGHWAY 17 SOUTH  
ORANGE PARK FL 32073

Mailing Address

4459 HIGHWAY 17 SOUTH  
ORANGE PARK FL 32073-7875



3. Date Incorporated or Qualified  
06/28/1988

3a. Date of Last Report  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLER, BARRY J.  
2301 PARK AVE  
STE 404  
ORANGE PARK FL 32073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEAL, THOMAS	
STREET ADDRESS	6678 RIVER PT RD	
CITY - ST - ZIP	GREEN COVE SPGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEDDER, GEORGE	
STREET ADDRESS	2387 DUNDEE CT. EAST	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAMILTON, BOB	
STREET ADDRESS	415 GANO AVENUE	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILES, JAMES	
STREET ADDRESS	2927 MAGNOLIA DR S	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIPPETTE, JAMES	
STREET ADDRESS	503 NORTON AVENUE	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHET, ROBERT	
STREET ADDRESS	825 MAPLEWOOD	
CITY - ST - ZIP	ORANGE PARK FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

*Thomas Neal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-24-97

Daytime Phone # 0001098

CR2E037 (9/96)