

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90012 035 ****61.25

DOCUMENT # N27188

1. Entity 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**

34008316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1588812

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME NEAL, THOMAS
STREET ADDRESS 3722 GLYNN COTTAGE CT
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TEDDER, GEORGE
STREET ADDRESS 2387 DUNDEE CT, EAST
CITY-ST-ZIP ORANGE PARK, FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32065

TITLE SD ☐ Delete
NAME HAMILTON, BOB
STREET ADDRESS 1653 RIVER BREEZE DRIVE
CITY-ST-ZIP ORANGE PARK, FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32003

TITLE TD ☐ Delete
NAME WILES, JAMES
STREET ADDRESS 2927 MAGNOLIA DR S
CITY-ST-ZIP ORANGE PARK, FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32065

TITLE D ☒ Delete
NAME FOX HOWARD
STREET ADDRESS 5659 STARLIGHT LA
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Change ☒ Addition
NAME D Sam Powell
STREET ADDRESS 1369 Rivera Dr
CITY-ST-ZIP Green Cove Springs, FL 32043

TITLE D ☐ Delete
NAME COCHRAN, BILL
STREET ADDRESS 667 PERDIDO DR
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32003

12. I 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 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

Date

904-264-5333

Daytime Phone #