


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90030 006 ****61.25

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|--|---|---|--|---|--|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent FULLER, BARRY J. 2301 PARK AVE STE 404 ORANGE PARK, FL 32073 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| <div style="text-align: right;"> Make check payable to Florida Department of State </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NEAL, THOMAS 3722 GLYNN COTTAGE CT GREEN COVE SPRINGS, FL 32043 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TEDDER, GEORGE 3532 SPINDLESTONE CT MIDDLEBURG, FL 32068 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HAMILTON, BOB 1653 RIVER BREEZE DRIVE ORANGE PARK, FL 32003 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILES, JAMES 3439 OLYMPIC DR GREEN COVE SPRINGS, FL 32043 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWELL, SAM 1369 RIVIERA DR GREEN COVE SPRINGS, FL 32043 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COCHRAN, BILL 667 PERDIDO DR ORANGE PARK, FL 32003 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="display: flex; justify-content: space-between;"> <div> 2381 Yellow Jasmine Ln Orange Park, FL 32003 </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div> | | | | |
| 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: <u>Thomas Neal</u> <u>TOM NEAL</u> <u>4-4-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |