

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90014 028 \*\*\*\*61.25

<b>DOCUMENT # N27188</b> 1. Entity Name <b>BEREAN BAPTIST CHURCH OF ORANGE PARK, INC.</b>					
Principal Place of Business <b>4459 HIGHWAY 17 SOUTH ORANGE PARK, FL 32073</b>			Mailing Address <b>4459 HIGHWAY 17 SOUTH ORANGE PARK, FL 32073</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1588812</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FULLER, BARRY J. 2301 PARK AVE STE 404 ORANGE PARK, FL 32073</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEAL, THOMAS 2381 YELLOW JASMINE LN ORANGE PARK, FL 32003	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barfield, Terence 2734 Country Club Blvd Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDDER, GEORGE 3532 SPINDLESTONE CT MIDDLEBURG, FL 32068	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myers, Don 2803 Canyon Ct Orange Park, FL 32065
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	D Williams, Michael 481 Deer Path Rd Green Cove Springs, FL 32043
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 Young, Bob 5507 Candibrook Ln Orange Park, FL 32003
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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.					
<b>SIGNATURE:</b> <b>THOMAS NEAL</b> <b>2-20-08</b> <b>904-261-5333</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

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