

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27188

FILED
Apr 02, 2009
Secretary of State

Entity Name: BEREAN BAPTIST CHURCH OF ORANGE PARK, INC.

Current Principal Place of Business:

4459 HIGHWAY 17 SOUTH
ORANGE PARK, FL 32073

New Principal Place of Business:

4459 US HIGHWAY 17
FLEMING ISLAND, FL 32003

Current Mailing Address:

4459 HIGHWAY 17 SOUTH
ORANGE PARK, FL 32073

New Mailing Address:

4459 US HIGHWAY 17
FLEMING ISLAND, FL 32003

FEI Number: 59-1588812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEAL, THOMAS
Address: 2381 YELLOW JASMINE LN
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: BARFIELD, TERENCE
Address: 2734 COUNTRY CLUB BLVD
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Delete
Name: HAMILTON, BOB
Address: 1653 RIVER BREEZE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: TD () Delete
Name: WILES, JAMES
Address: 3439 OLYMPIC DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: POWELL, SAM
Address: 1369 RIVIERA DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: COCHRAN, BILL
Address: 667 PERDIDO DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEAL, THOMAS
Address: 3722 GLYNN COTTAGE CT.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HAMILTON, BOB
Address: 1653 RIVER BREEZE DRIVE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COCHRAN, BILL
Address: 667 PERDIDO DR
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS NEAL

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date