

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000005538 (3)

1. Corporation Name

THE BERRY EDUCATIONAL TRUST, INC.

Principal Place of Business

Mailing Address

**1465 GULF OF MEXICO DRIVE
B406
LONGBOAT KEY FL 34228**

**1465 GULF OF MEXICO DRIVE
B406
LONGBOAT KEY FL 34228-0406**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/08/1994

3a. Date of Last Report
02/14/1996

4. FEI Number
65-0533522

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**BERTEAU, JOHN T
1550 RINGLING BLVD.
SARASOTA FL 34238**

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

TITLE **TRPT** ☒ DELETE
NAME **BERRY, GEORGE B**
STREET ADDRESS **1465 GULF OF MEXICO DRIVE B-406**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **TRVS** ☐ DELETE
NAME **BERRY, CAROLYN A**
STREET ADDRESS **1465 GULF OF MEXICO DRIVE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **TR** ☐ DELETE
NAME **ANDERSON, REBECCA A**
STREET ADDRESS **2321 AVERY**
CITY-ST-ZIP **TROY MI 48098**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **4000002236114-7**
1.3 STREET ADDRESS **07/11/97-01085-020**
1.4 CITY-ST-ZIP *******61.25 *****61.25**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TR BERRY, DAVID E.**
4.3 STREET ADDRESS **980 IKENA CIRCLE**
4.4 CITY-ST-ZIP **HONOLULU HI 96821**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **TR BERRY, BRIAN E.**
5.3 STREET ADDRESS **501 161st AVENUE**
5.4 CITY-ST-ZIP **REDINGTON BEACH FL 33708**

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

CR2E037 (9/96)