

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005538

1. Entity Name
THE BERRY EDUCATIONAL TRUST, INC.



Principal Place of Business
1465 GULF OF MEXICO DRIVE
B406
LONGBOAT KEY, FL 34228

Mailing Address
1465 GULF OF MEXICO DRIVE
B406
LONGBOAT KEY, FL 34228



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0533522

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERTEAU, JOHN T
1550 RINGLING BLVD.
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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**

1106000100142
03/31/04-80034-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	TR
NAME	BERRY, DAVID E
STREET ADDRESS	980 IKENA CIRCLE
CITY - ST - ZIP	HONOLULU, HI 96821
TITLE	TRVS
NAME	BERRY, CAROLYN A
STREET ADDRESS	1465 GULF OF MEXICO DRIVE
CITY - ST - ZIP	LONGBOAT KEY, FL 34228
TITLE	TR
NAME	MCMARLIN, REBECCA A
STREET ADDRESS	15815 HOLLINGBOURNE AVE
CITY - ST - ZIP	HUNTERSVILLE, NC 28078
TITLE	TR
NAME	BERRY, BRIAN
STREET ADDRESS	239 ATLANTIC BLVD
CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Carolyn A. Berry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-04

Date

Daytime Phone #