

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005538

FILED
Jan 31, 2005
Secretary of State

Entity Name: THE BERRY EDUCATIONAL TRUST, INC.

Current Principal Place of Business:

1465 GULF OF MEXICO DRIVE
B406
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

1465 GULF OF MEXICO DRIVE
B406
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0533522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTEAU, JOHN T
1550 RINGLING BLVD.
SARASOTA, FL 34236 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: TR () Delete
Name: BERRY, DAVID E
Address: 980 IKENA CIRCLE
City-St-Zip: HONOLULU, HI 96821

Title: TRVS () Delete
Name: BERRY, CAROLYN A
Address: 1465 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TR () Delete
Name: MCMARLIN, REBECCA A
Address: 15815 HOLLINGBOURNE AVE
City-St-Zip: HUNTERVILLE, NC 28078

Title: TR () Delete
Name: BERRY, BRIAN
Address: 239 ATLANTIC BLVD
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN A. BERRY

MRS.

01/31/2005

Electronic Signature of Signing Officer or Director

Date