

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 # N95000002128 (5)

1. Corporation Name

BEREAN ACADEMY, INC.

Principal Place of Business

10948 CENTRAL AVE N
TAMPA FL 33612

Mailing Address

10948 CENTRAL AVE N
TAMPA FL 33612-6604

FILED
May 15 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified
04/28/1995

3a. Date of Last Report
06/18/1996

4. FEI Number
59-3321698

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NIGHTINGALE, JAMES A
13916 CHERRY CREEK DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent

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 PD
NAME NIGHTINGALE, JAMES A
STREET ADDRESS 13916 CHERRY CREEK DR
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

TITLE VD
NAME SEVERANCE, JAMES
STREET ADDRESS 2410 NEWPORT AVE
CITY-ST-ZIP LAKELAND FL 33803 ☐ DELETE

TITLE TD
NAME CRANE, THOMAS
STREET ADDRESS 13501 HOLLOW AVE
CITY-ST-ZIP TAMPA FL 33618 ☒ DELETE

TITLE SD
NAME MEYER, ARDEN
STREET ADDRESS 8124 HAMPDEN DR
CITY-ST-ZIP TAMPA FL 33626 ☐ DELETE

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE TD
3.2 NAME ROGERS, AL
3.3 STREET ADDRESS 2924 Tamabay Ave W
3.4 CITY-ST-ZIP Tampa FL 33611 ☒ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

SIGNATURE James A. Nightingale James A. Nightingale 4/30/97 8/3/96-4/15

CR2E037 (9/96)