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May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000002128 (5)

1. Corporation Name

BEREAN ACADEMY, INC.



Principal Place of Business

Mailing Address

10948 CENTRAL AVE N
TAMPA FL 33612

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TAMPA FL 33612

3. Date Incorporated or Qualified

04/28/1995

4. FEI Number 1690

59-3321

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIGHTINGALE, JAMES A
13916 CHERRY CREEK DRIVE
TAMPA FL 33618

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE President P/D ☒ Change ☐ Addition
1.2 NAME Eric Meyer
1.3 STREET ADDRESS 13318 Lake Magdalene Blvd.
1.4 CITY-ST-ZIP Tampa, FL 33618

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

2.1 TITLE Vice-President V/D ☒ Change ☐ Addition
2.2 NAME Brad Meyers
2.3 STREET ADDRESS 475 Lucerna Ave.
2.4 CITY-ST-ZIP Tampa, FL 33606

TITLE TD
NAME ADGERS, AL
STREET ADDRESS 2924 TAMBAY AVE. W.
CITY-ST-ZIP TAMPA FL ☒ DELETE

3.1 TITLE Treasurer T/D ☒ Change ☐ Addition
3.2 NAME David Troutman
3.3 STREET ADDRESS 6021 Hammock Woods Drive
3.4 CITY-ST-ZIP Odessa, FL 33556

TITLE SD
NAME MEYER, ARDEN
STREET ADDRESS 8124 HAMPDEN DR
CITY-ST-ZIP TAMPA FL 33628 ☒ DELETE

4.1 TITLE Secretary S/D ☒ Change ☐ Addition
4.2 NAME James Nightingale
4.3 STREET ADDRESS 13916 Cherry Creek Dr.
4.4 CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 Nightingale

4/22/98

812-918-7976

CR2E037 (10/97)