

FILE NOW: FILING FEE IS \$61.25

FILED
Oct 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #N95000002128 (5)
1. Corporation Name

BEREAN ACADEMY, INC.

Principal Place of Business	Mailing Address
10948 Central Ave. N. Tampa, FL 33612	10948 Central Ave. N. Tampa, FL 33612

AMENDMENT

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/28/1995
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	4. FEI Number 59-3321698
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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	P/D <input type="checkbox"/> DELETE	1.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ERIC	1.2 NAME	BRITTAIN, DAVID
STREET ADDRESS	13318 LAKE MAGDALENE BLVD.	1.3 STREET ADDRESS	468 LUCERNE AVENUE
CITY-ST-ZIP	TAMPA, FL 33618	1.4 CITY-ST-ZIP	TAMPA, FL 33606
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, BRAD	2.2 NAME	
STREET ADDRESS	475 LUCERNE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	2.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, DAVID	3.2 NAME	
STREET ADDRESS	6021 HAMMOCK WOODS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556	3.4 CITY-ST-ZIP	
TITLE	S/D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGHTINGALE, JAMES	4.2 NAME	
STREET ADDRESS	13916 CHERRY CREEK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	3000002653953
STREET ADDRESS		5.3 STREET ADDRESS	-10/02/98--01008--028
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/98 968-2979

CR2E037 (10/97)