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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002128					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/28/1995 4. FEI Number 59-3321690 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME MEYER, ERIC STREET ADDRESS 13318 LAKE MAGDALENE BLVD CITY-ST-ZIP TAMPA FL 33618			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME PD MEYERS, BRAD 1.3 STREET ADDRESS 475 LUCERNE AVE 1.4 CITY-ST-ZIP TAMPA, FL 33606		
TITLE VD <input checked="" type="checkbox"/> DELETE NAME MEYERS, BRAD STREET ADDRESS 475 LUCERNE AVE CITY-ST-ZIP TAMPA FL 33606			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VD TROUTMAN, DAVID 2.3 STREET ADDRESS 6021 HAMMOCK WOODS AVE 2.4 CITY-ST-ZIP ODESSA, FL 33556		
TITLE TD <input type="checkbox"/> DELETE NAME TROUTMAN, DAVID STREET ADDRESS 6021 HAMMOCK WOODS AVE CITY-ST-ZIP ODESSA FL 33556			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> DELETE NAME BRITTAIN, DAVID STREET ADDRESS 468 LUCERNE AVENUE CITY-ST-ZIP TAMPA FL 33606			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)