2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

MALE STREET ADDRESS C/IY-ST-ZIP

Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # N96000002488** 04-07-2008 90035 004 ****70.00 BEREA PRESBYTERIAN CHURCH, INC. Principal Place of Business Maillno Address 3745 RECKER HWY 3745 RECKER HWY 4000000 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 03032008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3379512 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MENDEZ, ALVIN DO NOT WRITE 215 FERN RD WINTER HAVEN, FL 33880 IN THIS SPACE 8. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE 2420 20TH STRW 118 Cloverdale Road NAME STREET ADDRESS WINTER HAVEN, FL-33884 Winter Haven F/ 33884 CITY-ST-ZIP TITLE SD NAME MENDEZ, ALVIN STREET ADDRESS **215 FERN RD** CITY-ST-7IP WINTER HAVEN, FL 33880 TITLE JIMENEZ, RAUL 8036 King xing, Sh STREET ADDRESS 151 LAMERAUX RD DO NOT WRITE CITY-ST-ZIP WINTERHAVEN WINTER HAVEN, FL 33884 IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	William Rolden	William	RoldAN	3-16-04	863-307-9518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	