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May 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000006217 (1)**

1. Corporation Name

BEREAN CHURCH OF GOD OF PORT ST. LUCIE, INC.

Principal Place of Business	Mailing Address
2097 S.E. STONECROP ST. PORT ST LUCIE FL 34984	2097 S.E. STONECROP ST. PORT ST LUCIE FL 34984-4729

3. Date Incorporated or Qualified: 12/05/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0713971 ☐ 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

9. Name and Address of Current Registered Agent

JACKSON, EPHRAIM A
2097 S.E. STONECROP ST.
PORT ST. LUCIE FL 34984

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	JACKSON, EPHRAIM A		1.2 NAME	JACKSON, EPHRAIM A.	
STREET ADDRESS	824 INTERLAKE DRIVE		1.3 STREET ADDRESS	824 INTERLAKE Dr.	
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-ST-ZIP	LAKELAND, FL. 33801	
TITLE	VD	☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	MCKENZIE, RACHEL		2.2 NAME	MCKENZIE, RACHEL	
STREET ADDRESS	2097 S.E. STONECROP ST.		2.3 STREET ADDRESS	2097 SE STONECROP ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34984		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	SD	☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	LAING, VALROSE A		3.2 NAME	LAING, VALROSE A.	
STREET ADDRESS	2913 S.E. BELLA RD		3.3 STREET ADDRESS	2913 SE BELLA RD	
CITY-ST-ZIP	PORT ST LUCIE FL 34984		3.4 CITY-ST-ZIP	PORT ST LUCIE, FL. 34984	
TITLE	TD	☐ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	VINKEMULDER, OLIVE P		4.2 NAME	FARQUHARSON, OLIVE P. N/A	
STREET ADDRESS	BOX 8300		4.3 STREET ADDRESS	Box - 8300 (See Attached Court Document)	
CITY-ST-ZIP	PORT ST LUCIE FL 34985		4.4 CITY-ST-ZIP	PORT ST.LUCIE, FL. 34986	
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	LAING, BERISFORD A		5.2 NAME	LAING, BERISFORD A. (DEACON)	
STREET ADDRESS	2913 S.E. BELLA RD.		5.3 STREET ADDRESS	2913 SE BELLA ROAD	
CITY-ST-ZIP	PORT ST LCUIE FL 34984		5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34984	
TITLE	D	☐ DELETE	6.1 TITLE	DIRECTOR OF MUSIC	☐ Change ☐ Addition
NAME	WEIR, NORRIS		6.2 NAME	WEIR, NORRIS	
STREET ADDRESS	2949 S.E. BELLA RD.		6.3 STREET ADDRESS	2949 SE BELLA RD	
CITY-ST-ZIP	PORT ST LCUIE FL 34984		6.4 CITY-ST-ZIP	PORT ST LUCIE, FL. 34984	

CR2E037 (9/96)

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: Ephraim A. Jackson SIGNATURE REQUIRED 3/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000077