2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90029 035 ****61.25

DOCUMENT # N96000006217

1. Entity 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~~ P.O. Box 7840 Port St. Lucie, FL 34985-7840

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address P.O. Box 7840
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Port St. Lucie, FL
Zip / Country	Zip 34985-7840 / Country USA

4. FEI Number 65-0713971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, EPHRAIM A ~~2097 S.E. STONECROP ST.~~ ~~PORT ST. LUCIE FL 34984~~ 458 SW Lucero Drive Port St. Lucie, FL 34983	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACKSON, EPHRAIM A 824 INTERLAKE DRIVE LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	458 SW Lucero Drive Pt. St. Lucie, FL 34983	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCKENZIE, RACHEL 2097 S.E. STONECROP ST. PORT ST LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAING, VALROSE A 2913 S.E. BELLA RD PORT ST LUCIE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Fay P. Weir 2949 SE Bella Road Pt. St. Lucie, FL 34984	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAYDEN, KEN BOX 8300 N/A PORT ST LUCIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAING, BERISFORD A 2913 S.E. BELLA RD. PORT ST LCUIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SORZANA, BARTHOLOMEW 1301 S.E. STARKLAKE COURT PORT ST LCUIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

12. 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 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: SIGNATURE REQUIRED Fay P. Weir 1-27-00 (561)466-1600 Ext. 4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #