

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

0083796

04-07-2001 90021 028 \*\*\*\*61.25

**DOCUMENT # N96000006217**

1. Entity Name

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

Principal Place of Business

**2097 S.E. STONECROP ST.  
 PORT ST LUCIE FL 34984**

Mailing Address

**PO BOX 7840  
 PORT ST LUCIE FL 34985**

2. Principal Place of Business

**458 Lucero Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 7840**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Port St. Lucie, Fl**

City & State

**Port St. Lucie, FL**

4. FEI Number

**65-0713971**

Applied For

Not Applicable

Zip

**34983**

Country

Zip

**34985**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, EPHRAIM A  
 458 SW LUCERO DRIVE  
 PORT ST. LUCIE FL 34984**

7. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> Delete
NAME	JACKSON, EPHRAIM A	
STREET ADDRESS	458 SW LUCERO DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, RACHEL	
STREET ADDRESS	2097 S.E. STONECROP ST.	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEIR, FAY P	
STREET ADDRESS	2949 SE BELLA ROAD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYDEN, KEN	
STREET ADDRESS	BOX 8300 N/A	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAING, BERISFORD A	
STREET ADDRESS	2913 S.E. BELLA RD.	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORZANA, BARTHOLOMEW	
STREET ADDRESS	1301 S.E. STARKLAKE COURT	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bartholomew Sorzano	
STREET ADDRESS	1301 SE Starlake Ct.	
CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Winnifred Castillo	
STREET ADDRESS	440 SE Sunnydale Ln	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isaiah Ledgister	
STREET ADDRESS	1915 SE Hillmoor Dr., Apt 68	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **EPHRAIM JACKSON 4/1/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)