

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90019 008 ****61.25

DOCUMENT # N96000006217

1. Entity Name

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



Principal Place of Business

**2262 SE MASLAN AVE
PORT SAINT LUCIE FL 34952**

Mailing Address

**2262 SE MASLAN AVE
PORT SAINT LUCIE FL 34952**

24070404



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0713971

Applied For

Not Applicable

Zip

Country

Zip

Country

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
2262 SE MASLAN AVE
PORT SAINT LUCIE FL 34952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ephraim A. Jackson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/31/04

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JACKSON, EPHRAIM A**
STREET ADDRESS **2262 SE MASLAN AVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **VP** ☐ Delete
NAME **SORZANO, BARTHOLOMEW**
STREET ADDRESS **1301 SE STARLAKE CT**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **S** ☒ Delete
NAME **MCNAUGHTON, OLIVE P**
STREET ADDRESS **2242 SW PICTURE TER**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **T** ☐ Delete
NAME **HAYDEN, KEN**
STREET ADDRESS **BOX 8300 N/A**
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **D** ☐ Delete
NAME **LEDGISTER, ISAIAH**
STREET ADDRESS **1915 SE HILLMOR DR, APT 68**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **D** ☒ Delete
NAME **SORZANA, BARTHOLOMEW**
STREET ADDRESS **1301 S.E. STARKLAKE COURT**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **MILLICENT DRYSPALE**
CITY-ST-ZIP **413 S.W. MONTEREY LN.
PORT ST. LUCIE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Sunday School Superintendent**
STREET ADDRESS **Ann MAKEE W. Brown**
CITY-ST-ZIP **604 Coconut Ave, W
Port St. Lucie, FL 34952**

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:

Kenneth Hayden

KENNETH HAYDEN

7/31/04

871-2387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #