2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90058 011 ****61.25

DOCUMENT # N96000006217

1. Entity Name

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

Principal Place of Business	Mailing Address
2262 SE MASLAN AVE PORT SAINT LUCIE FL 34952	2262 SE MASLAN AVE PORT SAINT LUCIE FL 34952

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

JACKSON, EPHRAIM A
2262 SE MASLAN AVE
PORT SAINT LUCIE FL 34952

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

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
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACKSON, EPHRAIM A 2262 SE MASLAN AVE PORT SAINT LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SORZANO, BARTHOLOMEW 1301 SE STARLAKE CT PORT SAINT LUCIE FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DRYSDALE, MILLIGENT 413 S.E. MONTEREY LN PORT SAINT LUCIE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Miriam M. Hamilton 1936 SE Hillmoor Drive, Apt. 170 Port St. Lucie, FL 34952	☑ Change ☑ Addition
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	Treasurer - Barry Brown 604 Coconut Ave. N Port St. Lucie, FL 34952 (Barry Brown)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEDGISTER, ISAIAH 1915 SE HILLMOR DR, APT 68 PORT SAINT LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SSS BROWN, ANN MAREE W 604 COCONUT AVE W PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ephraim A. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #