## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 27, 2006 8:00 am DOCUMENT\_#\_N96000006217 **Secretary of State** 02-27-2006 90095 010 \*\*\*\*61.25 BEREAN CHURCH OF GOD OF PORT ST. LUCIE, INC. Principal Place of Business Mailing Address 2262 SE MASLAN AVE 2262 SE MASLAN AVE PORT SAINT LUCIE FL 34952 PORT SAINT LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0713971 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, EPHRAIM A Street Address (P.O. Box Number is Not Acceptable) 2262 SE MASLAN AVE PORT SAINT LUCIE FL 34952 FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 □ Delete TITLE ☐ Change TITLE ☐ Addition JACKSON, EPHRAIM A NAME NAMI 2262 SE MASLAN AVE STREE1 ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY-ST-7IP CITY - ST - ZIP TITLE TITLE ☐ Change Delete Addition SORZANO, BARTHOLOMEW NAME NAME STREET ADDRESS 1301 SE STARLAKE CT STREET ADDRESS PORT SAINT LUCIE FL 34953 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MIRIAM M. COOK NAME HAMILTON, MIRIAM NAME 1349 SW Janette Ave STREET ADDRESS 1936 SE HILLMOOR DRIVE APT 175 STREET ADDRESS Port St. Lucie FL34953 CITY-ST-ZIP CITY-ST-7IP PORT SAINT LUCIE FL 34952 TITLE Delete TITLE Change ☐ Addition BROWN, BARRY NAME NAME STREET ADDRESS 604 COCONUT AVE N STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE FL 34952 CITY-ST-ZIP TITLE **X** Defete TITLE ☐ Change LEDGISTER, ISAIAH NAME ITAYOEN KENNETIT 1915 SE HILLMOR DR, APT 68 STREET ADDRESS STREET ADDRESS 329 HOLLY AVE PORT SAINT LUCIE FL 34952 CITY-ST-7IP CHY-ST-ZIP PORT ST. LUCIE 3495 Z Delete ☐ Change Addition TITLE TITLE Pauline Russ BROWN, ANN MAREE W NAME NAME 175 SE EL SITO CT Port St. Lucie, FL 604 COCONUT AVE W STREET ADDRESS STREET ADDRESS PORT SAINT LUCIE FL 34952 CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: