2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90038 026 ****61.25

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1. Entity Name
BEREAN CHURCH OF GOD INTERNATIONAL - PORT ST LUCIE INC.

40053801

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

03242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	S MARLINE CLARKE 765 NW Bristol Street Port Saint Lucie, FL 34983	☐ 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	D Robert Martin 749 Hillsborough Circle Port Saint Lucie, FL 34983	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COOK, MIRIAM M 1349 SW JANETTE AVE PORT SAINT LUCIE, FL 34953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, BARRY 604 COCONUT AVE N PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, FRANK 1210 SW AIROSO BLVD PORT SAINT LUCIE, FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SSS RUSS, PAULINE 175 SE EL SITO CT PORT SAINT LUCIE, FL 34983	☐ 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 exemptions contained in Chapter 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: Ephraim A. Jackson 3/24/08 772 398 6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #