2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N96000006217

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

Current Principal Place of Business:

2262 SE MASLAN AVE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2262 SE MASLAN AVE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0713971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JACKSON, EPHRAIM A	
Address:	2262 SE MASLAN AVE	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	VP	( ) Delete
Name:	SORZANO, BARTHOLOMEW	
Address:	1301 SE STARLAKE CT	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	S	( ) Delete
Name:	CLARKE, MARLINE	
Address:	765 NW BRISTOL ST	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	T	( ) Delete
Name:	BROWN, BARRY	
Address:	604 COCONUT AVE N	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	D	( ) Delete
Name:	JENKINS, FRANK	
Address:	1210 SW AIROSO BLVD	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	SSS	( ) Delete
Name:	RUSS, PAULINE	
Address:	175 SE EL SITO CT	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	SMITH, WINSTON A	
Address:	604 COCONUT AVE	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SORZANO, CYNTHIA	
Address:	1301 SE STARKLAKE COURT	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EPHRAIM A. JACKSON REV 02/02/2009

Electronic Signature of Signing Officer or Director — Date