2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90625 038 ****61.25

DOCUMENT # N96000006217

1. Entity Name

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

Principal Place of Business	Mailing Address
~~458 SW LUCERO DR~~ ~~PORT SAINT LUCIE FL 34983~~ 2262 SE Maslan Av Port St. Lucue, FL 34952	~~PO BOX 7890~~ ~~PORT ST LUCIE FL 34985~~ Same

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Same Suite, Apt. #, etc.
City & State: Port St. Lucie, FL 34952	City & State
Zip: 34952 Country: USA	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 ~~458 SW LUCERO DRIVE~~ 2262 SE Maslan AV. ~~PORT ST LUCIE FL 34984~~ Port St. 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

FILE NOW: FEE IS $61.25

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 ~~458 SW LUCERO DRIVE~~ 2262 SE Maslan AV PORT SAINT LUCIE FL ~~34983~~ 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 CASTILLO, WINNIFRED 440 SE SUNNYDALE LN PORT SAINT LUCIE FL 34983 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Olive P. McNaughton 2242 SW Picture Ter. Port St. Lucie, FL 34953 ☒ 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	☐ 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	D SORZANA, BARTHOLOMEW 1301 S.E. STARKLAKE COURT PORT ST LCUIE FL 34952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 J. Hayden RE KENNETH HAYDEN 4/14/03 772 871-2387