

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90136 042 \*\*\*\*61.25

**DOCUMENT # N97000006184**

1. Entity Name

**BEREAN CHURCH OF GOD INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**P.O. BOX 7840**  
**PORT ST LUCIE FL 34953****P.O. BOX 7840**  
**PORT ST LUCIE FL 34953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

-DO NOT WRITE IN THIS SPACE-

City &amp; State

City &amp; State

4. FEI Number

**52-2166172**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 REV**  
**458 S.W. LUCERO DR**  
**PORT ST LUCIE FL 34983**

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.

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**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **D** ☐ Delete  
NAME **RUBINSON, CHARLES E REV**  
STREET ADDRESS **4241 NW 19TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33313**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MILLER, CARLTON REV**  
STREET ADDRESS **217 MOUNTAINBERRY RD**  
CITY-ST-ZIP **BRAMPTON, ONTARIO L6R 2L3**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **JACKSON, EPHRAIM REV**  
STREET ADDRESS **458 SW LUCERO DR**  
CITY-ST-ZIP **PT ST LUCIE FL 34983**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MCCALLA, CLAUDINE**  
STREET ADDRESS **88 CORPORATE DRIVE SUITE 1609**  
CITY-ST-ZIP **TORONTO, ONTARIO**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **POWELL, NEVILLE REV**  
STREET ADDRESS **831 ALABAMA AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)