2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2008 8:00 am Secretary of State **DOCUMENT # N97000006184** 03-28-2008 90038 025 ****61.25 BEREAN CHURCH OF GOD INTERNATIONAL, INC. Principal Place of Business Mailing Address 2262 S.E. MARSLAN AVE 2262 S.E. MARSLAN AVE PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 52-2166172 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACKSON, EPHRAIM A 2262 SOUTH EAST MASLAN AVE. Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE, FL 34952 City 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 Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ШE n TITLE ☐ Delete ☐ Change RUBINSON, CHARLES E REV NAME NAME Zachary Johnson STREET ADDRESS **4241 NW 19TH STREET** 8289 Settle Creek Loof STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33313 City-St-ZIP

Addition TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILLER, CARLTON REV NAME NAME STREET ADDRESS 217 MOUNTAINBERRY RD STREET ATTORESS CITY-ST-ZIP BRAMPTON, ONTARIO, ON L6R1W3 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition JACKSON, EPHRAIM REV NAME NAME STREET ADDRESS 2262 SOUTH EAST MASLAN AVE STREET ADDRESS CITY-ST-ZIP PT ST LUCIE, FL 34952 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCCALLA, CLAUDINE NAME NAME STREET ADDRESS 88 CORPORATE DRIVE SLITE 1609 STREET ADDRESS CITY-ST-ZIF TORONTO, ONTARIO, ON L6R1W3 CITY-ST-ZIP TILE ☐ Delete ΠΠF Change ☐ Addition MANAGE HENRY, LOUISE A STREET ADDRESS 5120 N.W. 64 TERRACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33319 CITY-ST-ZIP me ☐ Delete TITLE ☐ Change ☐ Addition POWELL, DWIGHT KALE NAME STREET ADDRESS 5159 SPANISH OAKS DR STREET ADDRESS LAKELAND, FL 33805 CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 or an attachment writin an address, with all other like empowered.

SIGNATURE:

ams

FILED