

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006184

FILED
Feb 02, 2009
Secretary of State

Entity Name: BEREAN CHURCH OF GOD INTERNATIONAL U.S.A INC.

Current Principal Place of Business:

2262 S.E. MARSLAN AVE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2262 S.E. MARSLAN AVE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 52-2166172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, EPHRAIM A
2262 SOUTH EAST MASLAN AVE.
PORT ST 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: D () Delete
Name: RUBINSON, CHARLES E REV
Address: 4241 NW 19TH STREET
City-St-Zip: FT LAUDERDALE, FL 33313 US

Title: D () Delete
Name: MILLER, CARLTON REV
Address: 217 MOUNTAINBERRY RD
City-St-Zip: BRAMPTON, ONTARIO, ON L6R1W3 CA

Title: D () Delete
Name: JACKSON, EPHRAIM REV
Address: 2262 SOUTH EAST MASLAN AVE
City-St-Zip: PT ST LUCIE, FL 34952 US

Title: D () Delete
Name: MCCALLA, CLAUDINE
Address: 88 CORPORATE DRIVE SUITE 1609
City-St-Zip: TORONTO, ONTARIO, ON L6R1W3 CA

Title: D () Delete
Name: HENRY, LOUISE A
Address: 5120 N.W. 64 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33319 CA

Title: D () Delete
Name: POWELL, DWIGHT
Address: 5159 SPANISH OAKS DR
City-St-Zip: LAKE LAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBINSON, CHARLES E REV
Address: 4241 NW 19TH STREET
City-St-Zip: FT LAUDERDALE, FL 33313 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 JACKSON

REV

02/02/2009

Electronic Signature of Signing Officer or Director

Date