2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000316

FILED May 01, 2004 Secretary of State

Entity Name: BEREAN BAPTIST CHURCH, INC. OF DAYTONA BEACH, FLORIDA

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BAPT. CHUR BEACH, FL				
Current Mailing Address:			New Mailing Address:		
211 MADIS DAYTONA	SON AVE SBEACH, FL	32114			
FEI Number:	: 59-3407941	FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
1038 BERI	I, DWAINE M KSHIRE RD \ BECH, FL 3:	2117 US			
	named entity e of Florida.	submits this statement for the purpor	se of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:					
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip:	PD (JOHNSON, DV 1038 BERKSH) Delete VAINE M	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	SES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address:	PD (JOHNSON, DV 1038 BERKSH DAYTONA BEA TD (CORBITT, HEZ 151 FIRST AVI) Delete VAINE M IIRE RD ACH, FL 32117) Delete ZEKIAH	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (JOHNSON, DV 1038 BERKSH DAYTONA BEA TD (CORBITT, HEZ 151 FIRST AV DAYTONA BEA TD (BRYANT, JAM 999 VERNON:) Delete VAINE M IIRE RD ACH, FL 32117) Delete ZEKIAH E ACH, FL 32114) Delete ES N	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD (JOHNSON, DV 1038 BERKSH DAYTONA BEA TD (CORBITT, HEZ 151 FIRST AVI DAYTONA BEA TD (BRYANT, JAM 999 VERNON: DAYTONA BEA DT (WILKERSON, 732 REVERE:) Delete VAINE M IIRE RD ACH, FL 32117) Delete ZEKIAH E ACH, FL 32114) Delete ES N ST ACH, FL 32114) Delete PATRICK	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DWAINE JOHNSON PD 05/01/2004