


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90022 031 ****61.25

DOCUMENT # N99000004598 1. Entity Name ATHENS BAPTIST CHURCH OF BERAH COMMUNITY, INC.					
Principal Place of Business 6510 W. BERAH RD. FORT MEADE, FL 33841			Mailing Address 6510 W. BERAH RD. FORT MEADE, FL 33841		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3629849	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVE. SEBRING, FL 33870				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$61.25 Due by May 1, 2008	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORKMAN, ANN <input type="checkbox"/> Delete 12000 ALTMAN ROAD FORT MEADE, FL 33841				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CREWS, DEBORAH <input type="checkbox"/> Delete 590 E BERAH RD FORT MEADE, FL 33841				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUCANO JR, REV WILLIAM J <input checked="" type="checkbox"/> Delete 6510 W BERAH RD FORT MEADE, FL 33841				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, SONNY <input type="checkbox"/> Delete 4138 LAKE DAVID RD AVON PARK, FL 33825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIT, JANE <input type="checkbox"/> Delete 6150 LIGHTSEY RD FORT MEADE, FL 33841				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ann Workman</u> 1-28-08 863-635-2318 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					