

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006805

FILED
Jul 19, 2009
Secretary of State

Entity Name: BEREAN BIBLE FELLOWSHIP OF BOYNTON BEACH, INC.

Current Principal Place of Business:

5705 LANTANA ROAD
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

PO BOX 741051
BOYNTON BEACH, FL 33474

New Mailing Address:

FEI Number: 65-1071520 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEHFEST, CAROL
91 MAGNOLIA CIRCLE
BOYNTON BEACH, FL 33436 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: CASE, BRUCE
Address: 10314 DENOEU ROAD
City-St-Zip: BOYNTON BEACH, FL 33237

Title: D () Delete
Name: CASE, HEIDI
Address: 10314 DENOEU ROAD
City-St-Zip: BOYNTON BEACH, FL 33237

Title: D () Delete
Name: DUMAS, SHAWN
Address: 3760 MAX PLACE, APT. 102
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: RUMELL, KEVIN
Address: 4877 SPARTACUS CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: STEHFEST, CAROL
Address: 91 MAGNOLIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROL STEHFEST

D

07/19/2009

Electronic Signature of Signing Officer or Director

Date