

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734469** (0)

1. Corporation Name
BELIEVERS FELLOWSHIP, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1647484	Applied For <input type="checkbox"/> Not Applicable

Principal Place of Business 300 SW 6TH AVENUE P O BOX 653 OKEECHOBEE FL 34973	Mailing Address 300 SW 6TH AVENUE P O BOX 653 OKEECHOBEE FL 34973
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TANKERSLEY, BETTY J.
1300 SE 4TH ST
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

81 Name Mr. Gale A. Eyler
82 Street Address (P.O. Box Number is Not Acceptable) 20600 N.W. 176th Avenue
83 City Okeechobee, FL 34972-3944
84 Zip Code FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **April 24, 1995**

12. OFFICERS AND DIRECTORS

TITLE P	NAME TANKERSLEY, LEWIS
STREET ADDRESS 1300 SE 4TH ST	CITY - ST - ZIP OKEECHOBEE, FL 0
TITLE D	NAME MAY, EDITH L.
STREET ADDRESS 1905 S.W. 5TH DR.	CITY - ST - ZIP OKEECHOBEE, FL 0
TITLE VD	NAME HOPKINS, NICK
STREET ADDRESS 14824 N.W. 34 TERRACE	CITY - ST - ZIP OKEECHOBEE, FL 0
TITLE SD	NAME HOPKINS, LEE
STREET ADDRESS 14824 N.W. 34TH TERRACE	CITY - ST - ZIP OKEECHOBEE, FL 0
TITLE TD	NAME TANKERSLEY, BETTY J.
STREET ADDRESS 1300 SE 4TH ST	CITY - ST - ZIP OKEECHOBEE, FL 0
TITLE D	NAME PERDUE, EVELYN
STREET ADDRESS 917 E.N. PARK ST.	CITY - ST - ZIP OKEECHOBEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME 100001517381
13 STREET ADDRESS -06/20/95--01103--014	14 CITY - ST - ZIP *****61.25 *****61.25
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME
23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME
33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME SD
43 STREET ADDRESS	44 CITY - ST - ZIP Mr. Gale A. Eyler 20600 N.W. 176th Avenue Okeechobee, FL 34972-3944
51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME TD
53 STREET ADDRESS	54 CITY - ST - ZIP William J. Durrance 1012 N.W. 2nd Street Okeechobee, FL 34972
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME
63 STREET ADDRESS	64 CITY - ST - ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **April 24, 1995** 813-763-4958

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gale A. Eyler