

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90051 050 ****61.25

DOCUMENT # 734469

1. Entity Name
BELIEVERS FELLOWSHIP, INC.



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



01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1647484

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY, LINDA D
174 LAKE DR WEST
OKEECHOBEE, FL 34974

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	TANKERSLEY, LOUIS	
STREET ADDRESS	1300 SE. 4 ST	
CITY-ST-ZIP	OKEECHOBEE, FL 34973	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAW, JAMES	
STREET ADDRESS	318 SW 30TH TERR	
CITY-ST-ZIP	OKEECHOBEE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSBY, HOWARD	
STREET ADDRESS	2681 SE 25TH DR	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DURRANCE, WILLIAM J.	
STREET ADDRESS	1012 N.W. 2ND. STREET	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANCOCK, HENRY	
STREET ADDRESS	14824 NW 34TH TERR	
CITY-ST-ZIP	OKEECHOBEE, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOPKINS, NICK	
STREET ADDRESS	14624 NW 34TH TERR	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANNIN, James	
STREET ADDRESS	1300 S.E. 4th St.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Linda D. Roy* **LINDA D. ROY**

1-13-04

863-7632938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #