

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0037120

DOCUMENT # F97000001178

1. Entity Name

THE BELIEVERS FOUNDATION INC.

03-20-2001 90056 047 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 428
 MANGO FL 33550

P.O. BOX 428
 MANGO FL 33550

817654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2851282

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FULLER, KENNETH
 11505 EAST BROADWAY
 MANGO FL 33550**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DPC JAEB, STEVEN	<input type="checkbox"/> Delete
STREET ADDRESS	11505 EAST BROADWAY	
CITY-ST-ZIP	MANGO FL 33550	
TITLE NAME	DVVC JAEB, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	11505 EAST BROADWAY	
CITY-ST-ZIP	MANGO FL 33550	
TITLE NAME	DST JAEB, LORENA	<input type="checkbox"/> Delete
STREET ADDRESS	11505 EAST BROADWAY	
CITY-ST-ZIP	MANGO FL 33550	
TITLE NAME	D FULLER, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS	11505 EAST BROADWAY	
CITY-ST-ZIP	MANGO FL 33550	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kenneth Fuller* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 *813-681-5796*

Date Daytime Phone #

CR2E037 (10/00)