


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001178	
1. Entity Name THE BELIEVERS FOUNDATION INC.	

Principal Place of Business 11505 EAST BROADWAY MANGO, FL 33550	Mailing Address P.O. BOX 428 MANGO, FL 33550
--	---



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2851282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLER, KENNETH
11505 EAST BROADWAY
MANGO, FL 33550

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE	DPC
NAME	JAEB, STEVEN
STREET ADDRESS	11505 EAST BROADWAY
CITY-ST-ZIP	MANGO, FL 33550
TITLE	DVVC
NAME	JAEB, ROBERT
STREET ADDRESS	11505 EAST BROADWAY
CITY-ST-ZIP	MANGO, FL 33550
TITLE	DST
NAME	JAEB, LORENA
STREET ADDRESS	11505 EAST BROADWAY
CITY-ST-ZIP	MANGO, FL 33550
TITLE	D
NAME	FULLER, KENNETH
STREET ADDRESS	11505 EAST BROADWAY
CITY-ST-ZIP	MANGO, FL 33550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000211543
02/02/05-80125-006 61.25

DO NOT WRITE IN THIS SPACE

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 G. Fuller **1-19-05** **813-681-5796**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #