


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90136 025 \*\*\*\*61.25


<b>DOCUMENT # N02000002036</b>	
1. Entity Name <b>FIRST BELIEVERS CHRISTIAN CENTER, INC.</b>	

Principal Place of Business <b>209 NORTH MAIN ST HAVANA FL 32333</b>	Mailing Address <b>209 NORTH MAIN ST HAVANA FL 32333</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3688535</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>5. Name and Address of Current Registered Agent</b>  <b>LITTLE, CHARLIE 209 NORTH MAIN ST HAVANA FL 32333</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>LITTLE, LEANNE</b> <b>3909 RESERVE DR UNIT 328</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2801 CHANCELLORSVILLE Drive Unit 912</b> <b>Tallahassee, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>CHAMBERS, BURNELL</b> <b>4048 DUNCAN LANE</b> <b>TALLAHASSEE FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOD</b> <b>LITTLE, CHARLIE</b> <b>2909 RESERVE DR, UNIT 328</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2801 CHANCELLORSVILLE DRIVE UNIT 912</b> <b>Tallahassee, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAMBERS, DUNK</b> <b>4048 DUNCAN LANE</b> <b>TALLAHASSEE FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LITTLE, ANGELENA</b> 3909 RE <b>SERVE DR UNIT 328</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>153 Weatherford Way West</b> <b>Tallahassee, FL 32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Charlie Little Charlie Little* **4/20/05** (850)539-0172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #