

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002036

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: FIRST BELIEVERS CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

209 NORTH MAIN ST  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1357  
HAVANA, FL 32333

**New Mailing Address:**

FEI Number: 59-3688535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LITTLE, CHARLIE  
209 NORTH MAIN ST  
HAVANA, FL 32333      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: LITTLE, LEANNE  
Address: 2801 CHANCELLORSVILLE DRVIE, UNIT 912  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VCD ( ) Delete  
Name: BODISON, LESTER  
Address: 1585 JAMIESON ROAD  
City-St-Zip: HAVANA, FL 32333

Title: CFOD ( ) Delete  
Name: LITTLE, CHARLIE  
Address: 2801 CHANCELLORSVILLE DRVIE, UNIT 912  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: BURNS, EDWARD  
Address: 117 FERRIER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD ( ) Delete  
Name: BODISON, DAISY  
Address: 1585 JAMIESON ROAD  
City-St-Zip: HAVANA, FL 32333

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE LITTLE

CFO

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date