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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003965

1. Corporation Name

BELIEVERS IN CHRIST PRAISE AND WORSHIP MINISTRIES, INC.

Principal Place of Business

17023 N.W. 49TH PLACE
MIAMI FL 33055

Mailing Address

17023 N.W. 49TH PLACE
MIAMI FL 33055



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/08/1998
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0857401
22 City & State	27 City & State	Applied For ☐ Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEMON, ROBERT E
17023 N.W. 49TH PLACE
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEMON, ROBERT E	1.2 NAME	
STREET ADDRESS	17023 N.W. 49TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEMON, PAMELA A	2.2 NAME	
STREET ADDRESS	17023 N.W. 49TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MUNROE, LILLIAN	3.2 NAME	
STREET ADDRESS	17023 N.W. 49TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GERRIS BARRETT	4.2 NAME	
STREET ADDRESS	17023 N.W. 49th PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33055	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT JONES	5.2 NAME	
STREET ADDRESS	17023 N.W. PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Lemon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-99 (305) 621-4719

CR2E037 (11/99)