

DOCUMENT # N98000003965

1. Entity Name

BELIEVERS IN CHRIST PRAISE AND WORSHIP MINISTRIE

Principal Place of Business

17023 N.W. 49TH PLACE
MIAMI FL 33055

Mailing Address

17023 N.W. 49TH PLACE
MIAMI FL 33055-4111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0857401

Applied For

Not Applicable

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

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

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

Robert Lemon (President)

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

(NOTE: Registered Agent signature required when re-registering)

DATE

4-5-2000

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	D	☐ Delete
NAME	LEMON, ROBERT E	
STREET ADDRESS	17023 N.W. 49TH PLACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	☐ Delete
NAME	LEMON, PAMELA A	
STREET ADDRESS	17023 N.W. 49TH PLACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	☐ Delete
NAME	MUNROE, LILLIAN	
STREET ADDRESS	17023 N.W. 49TH PLACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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:

Robert Lemon (Director)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 6214719

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90086 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)