

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002036

FILED  
Apr 10, 2012  
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:**

PO 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, LEANNE J  
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:** CEO  
**Name:** LITTLE, LEANNE J  
**Address:** 209 NORTH MAIN STREET  
**City-St-Zip:** HAVANA, FL 32333

**Title:** CFOD  
**Name:** BODISON, DAISY  
**Address:** 1585 JAMIESON ROAD  
**City-St-Zip:** HAVANA, FL 32333

**Title:** D  
**Name:** LESTER, BODISON  
**Address:** 1585 JAMIESON ROAD  
**City-St-Zip:** HAVANA,, FL 32333

**Title:** D  
**Name:** BURNS, EDWARD  
**Address:** 117 FARRIER LANE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

**Title:** SD  
**Name:** LITTLE, CHARLIE  
**Address:** 209 NORTH MAIN STREET  
**City-St-Zip:** HAVANA, FL 32333

I hereby 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 all other like empowered.

**SIGNATURE:** LEANNE J. LITTLE

RA

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date