2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734469

Entity Name: BELIEVERS FELLOWSHIP, INC.

Current Principal Place of Business:

300 SW 6TH AVENUE
OKEECHOBEE, FL 34973

Current Mailing Address:

300 S.W. 6TH AVENUE
P O BOX 653
OKEECHOBEE, FL 34973

FEI Number: 59-1647484

Name and Address of Current Registered Agent:

JOHNSON, MARGIE A
34054 NW 29 AVENUE
OKEECHOBEE, FL 34972 US

Certificate of Status Desired: Yes

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: MARGIE A JOHNSON   07/24/2018

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	VP		Title	D
Name	HOPKINS, NICK A		Name	WORTH, KATHERINE
Address	8275 SW 9TH STREET		Address	233 LAKE DRIVE WEST
City-State-Zip:	OKEECHOBEE FL 34974		City-State-Zip:	OKEECHOBEE FL 34974
Title	P		Title	D
Name	KILLIAN, CARY		Name	BANFIELD, ROBERT
Address	3121 SE 32ND CT.		Address	34054 N.W. 29TH AVE.
City-State-Zip:	OKEECHOBEE FL 34974		City-State-Zip:	OKEECHOBEE FL 34972
Title	SD		Title	D
Name	SLAYTON, MICKI		Name	ASHBY, JOHN
Address	3328 S.W. 18TH ST.		Address	6778 NW 147TH TERRACE
City-State-Zip:	OKEECHOBEE FL 34972		City-State-Zip:	OKEECHOBEE FL 34972
Title	TREASURER		Title	D
Name	JOHNSON, MARGIE A		Name	TAMMY, BELCHER
Address	P.O. BOX 653		Address	2519 NW 4TH ST.
City-State-Zip:	OKEECHOBEE FL 34973		City-State-Zip:	OKEECHOBEE FL 34972

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: MARGIE JOHNSON   TREASURER   07/24/2018

Electronic Signature of Signing Officer/Director Detail   Date