

2022 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:

P O BOX 653
OKEECHOBEE, FL 34973 US

FEI Number: 59-1647484

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOPKINS, KIM
300 SW 6TH AVENUE
OKEECHOBEE, FL 34974 US

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

Officer/Director Detail :

Title VP
Name HOPKINS, NICK A
Address 8075 SW 9TH STREET
City-State-Zip: OKEECHOBEE FL 34974

Title PRESIDENT
Name ASHBY, JOHN
Address 6778 NW 147TH TERRACE
City-State-Zip: OKEECHOBEE FL 34972

Title SECRETARY, CO-TREASURER
Name HOPKINS, KIM
Address 8075 SW 9TH ST
City-State-Zip: OKEECHOBEE FL 34974

Title TRUSTEE
Name FIELDER, PEGGY
Address 808 SE 12TH STREET
City-State-Zip: OKEECHOBEE FL 34974

Title TRUSTEE
Name YOUMANS, MARK
Address 3897 NW 21ST AVENUE
City-State-Zip: OKEECHOBEE FL 34972

Title TRUSTEE
Name COUNTS, JANET
Address 9786 SE 61ST DRIVE
City-State-Zip: OKEECHOBEE FL 34974

Title TREASURER
Name ASHBY, LINDA
Address 6778 NW 147TH TERRRACE
City-State-Zip: OKEECHOBEE FL 34972

Title ALTERNATE TRUSTEE
Name ANDERSON, JEFF
Address 3111 SE 32ND COURT
City-State-Zip: OKEECHOBEE FL 34974

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: KIM F HOPKINS

SECRETARY, CO-TREASURER

03/17/2022

Electronic Signature of Signing Officer/Director Detail

Date