

2016 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROY, LINDA D
1307 S. PARROTT AVE.
LOT #72
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 8275 SW 9TH STREET
City-State-Zip: OKEECHOBEE FL 34974

Title D
Name WORTH, KATHERINE
Address 233 LAKE DRIVE WEST
City-State-Zip: OKEECHOBEE FL 34974

Title P
Name BUSBY, HOWARD
Address 2681 SE 25TH DR
City-State-Zip: OKEECHOBEE FL 34974

Title D
Name BANFIELD, ROBERT
Address 34054 N.W. 29TH AVE.
City-State-Zip: OKEECHOBEE FL 34972

Title SD
Name SLAYTON, MICKI
Address 3328 S.W. 18TH ST.
City-State-Zip: OKEECHOBEE FL 34972

Title D
Name PIERCE, DAVID
Address 1307 S PARROTT AVENUE LOT #59
City-State-Zip: OKEECHOBEE FL 34972

Title TREASURER
Name ROY, LINDA D
Address 1307 S. PARROTT AVE. LOT72
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name KILLIAN, CARY
Address 3121 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: LINDA D. ROY

TRESURER

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date