

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002495

Entity Name: BELIEVERS STRENGTHENING FELLOWSHIP NETWORK, INC.**Current Principal Place of Business:**1794 N W 38 AVE
FT. LAUDERDALE, FL 33311**Current Mailing Address:**1794 N W 38 AVE
FT. LAUDERDALE, FL 33311 US**FEI Number: 37-1601680****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS- CAMMOCK, ELIN M
1794 N W 38 AVE
FT. LAUDERDALE, FL 33311 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	SD
Name	BENNETT, ONEIL PASTOR
Address	3731 SW DARBY LN
City-State-Zip:	PT SAINT LUCIE FL 34953

Title	PD
Name	FERGUSON, NICHOLAS
Address	1794 NW 38 AVE
City-State-Zip:	FT.LAUDERDALE FL 33311

Title	TD
Name	THOMAS-CAMMOCK, ELIN M
Address	1301 S W 102 AVE
City-State-Zip:	PEMBROKE PINES FL 33025

Title	D
Name	STEPHENSON, CAMEY
Address	1200 NW 19 ST
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	D
Name	LEWIS, MARY
Address	5240 NW 7 AVE
City-State-Zip:	MIAMI FL 33142

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: THOMAS-CAMMOCK, ELIN M**TD****03/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date