## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 734469**

FILED Feb 01, 2007 Secretary of State

Entity Name: BELIEVERS FELLOWSHIP, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

300 SW 6TH AVENUE P O BOX 653

OKEECHOBEE, FL 34973 **Current Mailing Address:** 

**New Mailing Address:** 

300 SW 6TH AVENUE

OKEECHOBEE, FL 34973

300 SW 6TH AVENUE P O BOX 653 OKEECHOBEE, FL 34973

FEI Number: 59-1647484 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROY, LINDA D 175 LAKE DR WEST OKEECHOBEE, FL 34974 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition TANKERSLEY, BETTY J VAUGHN, RICK Name: Name:

1300 SE. 4 ST Address: 2472 SE 25TH TERRACE Address: City-St-Zip: OKEECHOBEE, FL 34973 City-St-Zip: OKEECHOBEE, FL 34974

Title: Title: (X) Change ( ) Addition ( ) Delete FANNIN, JAMES Name: WORTH, KATHERINE Name:

Address: 1300 S.E. 4TH ST Address: 233 LAKE DRIVE WEST City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete Title: () Change () Addition

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

(X) Change ( ) Addition Title: TD ( ) Delete Title:

CAMPBELL, PANSY SUE Name: Name: BELCHER, TAMMY 2519 NW 4TH STREET Address: 6633 S.E. 54TH STREET Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: OKEECHOBEE, FL 34972

Title: () Delete Title: SD (X) Change ( ) Addition

VAUGHN, RICK SLAYTON, MICKI Name: Name:

2472 SE 29TH TERRACE Address: Address: 3328

City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: OKEECHOBEE, FL 34972

Title: () Delete Title: () Change () Addition RITTER, JOHN

Name: Name: Address: PO BOX 303 Address: OKEECHOBEE, FL 34973 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA D. ROY TD 02/01/2007