2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 768361

Entity Name: BELIEVERS LIFE MINISTRIES, INC.

Current Principal Place of Business:

901 N.W. 62 ST.
MIAMI, FL 33150 US

New Principal Place of Business:

Current Mailing Address:

2200 NORTHWEST 191ST STREET
OPA LOCKA, FL 33056

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON,, MARILYN
1481 N.W. 44TH ST.
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIMS, MICHEALANE,
Address: 2200 NW 191ST ST.
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete
Name: FRIERSON, EDWARD,
Address: 1905 N.W. 5TH PLACE
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete
Name: THOMPSON, MARILYN
Address: 1481 N.W. 44TH STREET
City-St-Zip: MIAMI, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SIMS-LIGHTBOURN, MIC, HEALANE
Address: 2200 NW 191ST ST.
City-St-Zip: MIAMI, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA ( ) Change (X) Addition
Name: PALMER, YVONNE
Address: 5821 NW 7TH AVENUE, #211
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHEALANE SIMS-LIGHTBOURN PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date