FILED
Jun 28, 2007 8:00 am
Secretary of State
06-12-2007 90426 001 ****61.25
06-12-2007 90426 002 *****8.75

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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002211

1. Entity Name
Assembly of Believers in Jesus Christ, Inc.

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2. Principal Place of Business	3. Mailing Address
5400 NW 57 Street	5400 NW 57 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac FL	City & State: Tamarac FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: David Alexidor

Street Address (P.O. Box Number is Not Acceptable)

5400 NW 57 Street

City: Tamarac FL Zip Code: 33319

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 6/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	David Alexidor
STREET ADDRESS	5400 NW 57th St.
CITY-ST-ZIP	TA, FL 33319
TITLE	Vice-President, Pastor
NAME	Lenert Alexidor
STREET ADDRESS	2712 NW 66th Ave.
CITY-ST-ZIP	MA, FL 33063
TITLE	Director
NAME	Joseph Elie Dorval
STREET ADDRESS	225 NW 78th Ave
CITY-ST-ZIP	Margate, FL 333063
TITLE	Secretary
NAME	Ernst Dorval
STREET ADDRESS	3931 NW 32nd terr
CITY-ST-ZIP	lauderdalelakes 33309
TITLE	Treasurer
NAME	Ludger chouloute
STREET ADDRESS	3067 Lillian NN
CITY-ST-ZIP	Margate, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #