

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90284 014 ****61.25

DOCUMENT # N01000004345

1. Entity Name
BELIEVERS OF CHRIST MINISTRIES, INC.

Principal Place of Business Mailing Address
 716 NW 5TH COURT 716 NW 5TH COURT
 HALLANDALE FL 33009 HALLANDALE FL 33009

B0072886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
WATKINS ELEMENTARY *716 NW 5TH COURT*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

3020 SW 52ND AVE *HALLANDALE BCH FLA.*
 City & State City & State
HOLLYWOOD FLA. *HALLANDALE BCH FLA.*

4. FEI Number Applied For
65-1118737 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country
33023 *BROWARD* *33009* *BROWARD*

6. Name and Address of Current Registered Agent
GILBERT, REGINALD
716 NW 5TH COURT
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SCOTT, MURPHY LEE
STREET ADDRESS	2551 SW 53RD COURT
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	D <input type="checkbox"/> Delete
NAME	GILBERT, REGINALD
STREET ADDRESS	716 NW 5TH COURT
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> Delete
NAME	LEE, ROBERT E SR
STREET ADDRESS	108 NW 2ND AVE
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, JOHN
STREET ADDRESS	901 HILLCREST DRIVE APT 112
CITY-ST-ZIP	HOLLYWOOD FL 33023
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Reginald Lee* **REGINALD GILBERT** *April 4, 2002* **954 457-3403**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)