

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90134 036 \*\*\*\*61.25

**DOCUMENT # N01000004345**  
 1. Entity Name  
**BELIEVERS OF CHRIST MINISTRIES, INC.**



Principal Place of Business: 1026 N.W. 8TH ST. HALLANDALE FL 33009  
 Mailing Address: 716 NW 5TH COURT HALLANDALE FL 33009



2. Principal Place of Business: HALLANDALE FL  
730 N.W. 9TH AVE FL 33009  
 3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State: HALLANDALE Bch. FLA.  
 Zip: 33009 Country: BROWARD

4. FEI Number: **65-1118737**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

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**  
**Due By May 1, 2005**

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: 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: BROWN, JOHN
STREET ADDRESS: 901 HILLCREST DRIVE APT 112	CITY-ST-ZIP: HOLLYWOOD FL 33023
TITLE: D <input type="checkbox"/> Delete	NAME: GILBERT, GERALD
STREET ADDRESS: 812 N.W. 6TH AVE.	CITY-ST-ZIP: HALLANDALE FL 33009
TITLE: D <input type="checkbox"/> Delete	NAME: THOAMS, EARL
STREET ADDRESS: 20831 N.W. 34TH CT.	CITY-ST-ZIP: CAROL CITY FL 33056
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: _____
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 Gilbert **REGINALD GILBERT** 427-05 457-3403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #