


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90419 023 ****70.00

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1. Entity Name
BELIEVERS OF CHRIST MINISTRIES, INC.



Principal Place of Business
**720 NW 9TH AVE
 HALLANDALE, FL 33009**

Mailing Address
**716 NW 5TH COURT
 HALLANDALE, FL 33009**

20024328



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State
 City & State

Zip
 Country
 Zip
 Country

4. FEI Number
65-1118737

Applied For
 Not Applicable

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, MYRTLE T.	
STREET ADDRESS	4410 SW 23RD STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
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 exemptions contained 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 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 3/29/06 (954) 457-3403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #