

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004345

FILED
Feb 05, 2009
Secretary of State

Entity Name: BELIEVERS OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

720 NW 9TH AVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

PO BOX 1208
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 65-1118737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, COREY P
20564 N.W. 11TH AVE
MIAMI GARDENS, FL 33169 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: D () Delete
Name: SCOTT, MURPHY LEE
Address: 2551 SW 53RD COURT
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: GILBERT, GERALD
Address: 812 N.W. 6TH AVE.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: FISHER, MYRTLE T
Address: 4410 SW 23RD STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: PARKS, EARTHEL
Address: 3450 NW 205TH ST
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change () Addition
Name: FISHER, MYRTLE T
Address: 4410 SW 23RD STREET
City-St-Zip: HOLLYWOOD, FL 33023

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MYRTLE T. FISHER

SECT

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date