


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90146 048 \*\*\*\*61.25

**DOCUMENT # N01000004345**

1. Entity Name  
**BELIEVERS OF CHRIST MINISTRIES, INC.**



Principal Place of Business  
**WATKINS ELEMENTARY  
3520 SW 52ND AVE  
HOLLYWOOD FL 33023**

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



2. Principal Place of Business  
**BELIEVERS OF CHRIST**

3. Mailing Address  
**716 N.W. 5<sup>TH</sup> COURT**

Suite, Apt. #, etc.  
**1026 N.W. 8<sup>TH</sup> ST.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HALLANDALE Bel. FlA.**

City & State  
**HALLANDALE FL**

Zip  
**33009**

Country  
**BROWARD**

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GERALD GILBERT</b> <b>818 N.W. 6<sup>TH</sup> AVE</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>EARL THOMAS</b> <b>44 NE 20831 N.W. 34<sup>TH</sup> CT</b> <b>CAROL CITY FL 33056</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 MARCH 19, 2003

CR2E037 (10/02)