## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 08:00 AM Secretary of State

DOCU		REFURI			SACI	retary .	nt State
DOCUMENT # NO1000007720  1. Entity Name					Seci	Ctai y	of State
	BELIEVERS IN CHRIST, INC.						
Gringwood Place	e of Business	Mailing Address	355			-	
27064 CHUI		27064 CHURCH ROAD		į I			
	E, FL 34602	BROOKSVILLE, FL 34602					
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			997. 999. 	4. FEI Number 59-3519			Not applicable
				5. Certificate o	l Status Desired		5 Additional
	6. Name and Address of Current Re	gistered Agent				reer	equired
			**************************************				
DIXON, JAMES A BISHOP 27064 CHURCH ROAD			· · ·	DO	NOT W	RITE	
BROOKSVILLE, FL 34602				INI T	HIS SP	ACE	
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	named entity submits this statement for the titions of registered agent	ie purpose of changing its registers	ed office or register	ed agent, or both	. In the State of Flori	da. I am farnilia	r with, and accept
	•		-				
SIGNATURE.	Signations, typied or printert marine of regestered against and	title if supplicable (NOTE, Registore)	d Agard signalare redeiter	(whork (smolstang)		DATE	· / Figure
	Filling Fee is \$61.25	D. Flanker O. marker Fire					
•	Due by May 1, 2004	Election Campaign Finan     Trust Fund Contribution.		.00 May Be ed to Fees	U00000 	119090 9009700	ב פו סכ
10.	OFFICERS AND DI	Trust Fund Contribution.			U00000 04/13/04-	119090 80087–00	5 <u>61 25 <sup>3</sup> </u>
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THE	OFFICERS AND DI	Trust Fund Contribution.			U00000 04/13/04-	119090 80087-00	5 BL 25
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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 stall 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 repulsed by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ampaddress, with all other like empowered.

SIGNATURE

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HAMIC
STREET ADDRESS
ONY-SI-ZEF

STORE AND TYPED OR PRINTED NAME OF SKINNING OFFICER OR DISREGOR

4-15 -04 352-568-2794