2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2008
Secretary of State

DOCUMENT# N02000007179

Entity Name: BELIEVERS, INC.

Current Principal Place of Business:

2670-1 ROSSELLE ST.
JACKSONVILLE, FL 32264

New Principal Place of Business:

2670-1 ROSSELLE ST.
JACKSONVILLE, FL 32204

Current Mailing Address:

2670-1 ROSSELLE STREET
JACKSONVILLE, FL 32204

New Mailing Address:

2670-1 ROSSELLE ST.
JACKSONVILLE, FL 32204

FEI Number: 11-3654808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVANS, ELEANOR
2670-1 ROSELLE ST.
JACKSONVILLE, FL 32204 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: ELEANOR EVANS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: EVANS, ELEANOR
Address: 380 TOCCOA RD
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: BYNUM, ALRAH II
Address: PO BOX 2714
City-St-Zip: ORANGE PARK, FL 32067

Title: D ( ) Delete
Name: BENNETT, SHIRLEY
Address: 904 MAGNOLIS ST
City-St-Zip: G.C.S., FL 32043

Title: TV ( ) Delete
Name: BUTLER, VICKIE
Address: P.O. BOX 60903
City-St-Zip: JACKSONVILLE, FL 32236

Title: C ( ) Delete
Name: WRIGHT, MIKE
Address: 175 BLANDING BLVD
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete
Name: HAHNE, GINA
Address: 2670 ROSSELLE STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CORDALE, CHARLIE
Address: PO BOX 54
City-St-Zip: ORANGE PARK, FL 32067

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

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

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

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: ELEANOR EVANS DIR 10/29/2008
Electronic Signature of Signing Officer or Director — Date