

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007179

FILED  
Aug 10, 2009  
Secretary of State

Entity Name: BELIEVERS, INC.

## Current Principal Place of Business:

2670-1 ROSSELLE ST.  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

2670-1 ROSSELLE ST.  
JACKSONVILLE, FL 32204

## New Mailing Address:

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:

EVANS, ELEANOR  
2670-1 ROSSELLE ST.  
JACKSONVILLE, FL 32204      US

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: \_\_\_\_\_

08/10/2009

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: CORDALE, CHARLIE  
Address: PO BOX 54  
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:      ( ) 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:

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

DP

08/10/2009

Electronic Signature of Signing Officer or Director

Date