

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007179

FILED  
May 01, 2011  
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:**

P O BOX 54  
JACKSONVILLE, FL 32067 US

**New Mailing Address:**

P O BOX 54  
ORANGE PARK, FL 32067 US

FEI Number: 11-3654808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVANS, ELEANOR  
2670-1 ROSSELLE 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: EVANS, ELEANOR  
Address: 904 NORTH MAGNOLIA AVE  
City-St-Zip: GREENCOVE SPRINGS, FL 32043

Title: D  
Name: CORDALE, CHARLIE  
Address: PO BOX 54  
City-St-Zip: ORANGE PARK, FL 32067

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELEANOR EVANS

D

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date