

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001466

FILED
Apr 27, 2009
Secretary of State

Entity Name: BELIEVERS FELLOWSHIP OF HUDSON, INC

Current Principal Place of Business:

7031 HUDSON AVENUE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

7031 HUDSON AVENUE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 31-1789561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITTS, KERRY D
7039 HUDSON AVENUE
HUDSON, FL 34667 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: MRS. () Delete
Name: GEORGE, EVELYN
Address: 7239 TOUCAN TRAIL
City-St-Zip: SPRING HILL, FL 34606 US

Title: RP () Delete
Name: FITTS, KERRY D
Address: 7039 HUDSON AVENUE
City-St-Zip: HUDSON, FL 34667 US

Title: REV () Delete
Name: PURPURA, JOHN
Address: 44 SOUTH CHELMSFORD ROAD
City-St-Zip: WESTFORD, MA 01886 US

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:

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: KERRY D. FITTS

RP

04/27/2009

Electronic Signature of Signing Officer or Director

Date