

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90012 027 ****61.25

DOCUMENT # N03000003148

1. Entity Name

THE BELIEVER'S SCHOOL OF LEARNING, INC.



Principal Place of Business

1170 NE 219 ST
LAWTEY FL 32058

Mailing Address

P.O. BOX 177
LAWTEY FL 32058

2. Principal Place of Business

2030 N. Temple Ave
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 177
Suite, Apt. #, etc.

City & State

Starke FL 32091
Zip Country

City & State

Lawtey FL
Zip Country

4. FEI Number

30-0202907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RELLEN H
1170 NE 219 ST
LAWTEY FL 32058

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, YOLANDA L	
STREET ADDRESS	P.O. BOX 175	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, EULA B	
STREET ADDRESS	P.O. BOX 96	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, VALARIE M	
STREET ADDRESS	198 ARORA BLVD APT 3007	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Board of Director member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie N. Houston	
STREET ADDRESS	P.O. Box 204	
CITY-ST-ZIP	Lawtey FL 32058	
TITLE	Board of Director member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Berry	
STREET ADDRESS	P.O. Box 341	
CITY-ST-ZIP	Lawtey FL 32058	
TITLE	Board of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rellen Clark	
STREET ADDRESS	P.O. Box 177	
CITY-ST-ZIP	Lawtey FL 32058	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rellen CLARK, Rellen Clark 9/6/04 904964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #