

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90397 004 ****61.25

DOCUMENT # N03000008069					
1. Entity Name BIBLE BELIEVERS CHRISTIAN FELLOWSHIP, INC.					
Principal Place of Business 3106 PARK AVENUE ORANGE PARK, FL 32073 US			Mailing Address P.O. BOX 8239 FLEMING ISLAND, FL 32006		
2. Principal Place of Business 2106 PARK AVENUE		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORANGE PARK, FL		City & State		4. FEI Number 75-3067320	
Zip 32073		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKLES, CURTIS A 1575 HAMMOCK BAY CT. ORANGE PARK, FL 32003			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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%;"> CURTIS A. BECKLES - PRESIDENT/PASTOR <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 5%;"> 03-12-05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BECKLES, CURTIS A 1575 HAMMOCK BAY CT. ORANGE PARK, FL 32003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LOQUITA B. FRANCIS. 515 LAMONT STREET GREEN COVE SPRINGS, FL 32043		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BECKLES, IRISH L 1575 HAMMOCK BAY CT. ORANGE PARK, FL 32003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLER, BETTYE 1698 SUSAN DR. MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSS, DIANE 1321 EAST ST. GREEN COVE SPRINGS, FL 32043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: CURTIS A. BECKLES 04-14-05 904-269-2423 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					