2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N04000004779

1. Entity Name
FELLOWSHIP OF BELIEVERS MINISTRIES, INC.

Principal Place of Business	Mailing Address
103 N. BAY STREET BUNNELL, FL 32110	P.O. BOX 1188 BUNNELL, FL 32110

02192008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-1127356
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, FRE
25 BOXWOOD LANE
PALM COAST, FL 32137

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

000000908877
05/05/08-80016-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NELSON, JOAN L
STREET ADDRESS	P.O. BOX 350489
CITY-ST-ZIP	PALM COAST, FL 32135
TITLE	S
NAME	NELSON, FREDERICK E
STREET ADDRESS	P.O. BOX 350489
CITY-ST-ZIP	PALM COAST, FL 32135
TITLE	T
NAME	PHILLIPS, DEBRA A
STREET ADDRESS	12 BLACK FOOT CT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Debra A. Phillips Debra A. Phillips 4/15/08 (386)586-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR