

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004779

FILED
Jan 29, 2009
Secretary of State

Entity Name: FELLOWSHIP OF BELIEVERS MINISTRIES, INC.

Current Principal Place of Business:

103 N. BAY STREET
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1188
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 20-1127356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, FRE
25 BOXWOOD LANE
PALM COAST, FL 32137 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: P () Delete
Name: NELSON, JOAN L
Address: P.O. BOX 350489
City-St-Zip: PALM COAST, FL 32135

Title: S () Delete
Name: NELSON, FREDERICK E
Address: P.O. BOX 350489
City-St-Zip: PALM COAST, FL 32135

Title: T () Delete
Name: PHILLIPS, DEBRA A
Address: 12 BLACK FOOT CT
City-St-Zip: PALM COAST, FL 32137

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: DEBRA A. PHILLIPS

TREA

01/29/2009

Electronic Signature of Signing Officer or Director

Date