

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90215 040 \*\*\*\*61.25

**DOCUMENT # N05000004293**

1. Entity Name  
**BELIEVERS ACADEMY, INC.**



Principal Place of Business  
**19 GLENCAIRN RD.  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**19 GLENCAIRN RD.  
PALM BEACH GARDENS, FL 33418**

**60001485**



2. Principal Place of Business - No P.O. Box #

**5840 Corporate way**

3. Mailing Address

**5840 Corporate way**

Suite, Apt. #, etc.

**100**

Suite, Apt. #, etc.

**100**

01092007

Chg-NP

CR2E037 (12/06)

City & State

**West Palm Beach FL**

City & State

**West Palm Beach FL**

4. FEI Number

**51-0542866**

Applied For

Not Applicable

Zip

**33408**

Country

**USA**

Zip

**33407**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHOENBERG, KATHLEEN  
1050 BROOKS LANE  
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name **Mark Manners**

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

**7905 150th Ct. N**

City

**Palm Beach Gardens**

FL

Zip Code

**33418**

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

**Mark Manners**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-09-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **Director of Academics** ☐ Delete  
NAME **DYER, LORI**  
STREET ADDRESS **19 GLENCAIRN RD.**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **Director of Operations** ☐ Delete  
NAME **Manners Mark**  
STREET ADDRESS **7905 150th Ct N**  
CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **President Smith, Melissa**  
STREET ADDRESS **11170 Osprey Lake Lane**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☒ Addition  
NAME **Vice President Greene, John**  
STREET ADDRESS **1024 County Club Dr**  
CITY-ST-ZIP **North Palm Beach FL 33408**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer Arvanitis, Sandra**  
STREET ADDRESS **15133 87th Tr N.**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☒ Addition  
NAME **Secretary Shank**  
STREET ADDRESS **4 Dunes Court**  
CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE ☐ Change ☒ Addition  
NAME **Voting Board Member cherilan, Kim**  
STREET ADDRESS **480 Hawthorne Dr**  
CITY-ST-ZIP **Lake Park FL 33403**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Mark Manners**

**Mark Manners**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-09-06**

Date

**561 340 2507**

Daytime Phone #