

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004293

FILED
Jan 20, 2009
Secretary of State

Entity Name: BELIEVERS ACADEMY, INC.

Current Principal Place of Business:

5840 CORPORATE WAY
100
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5840 CORPORATE WAY
100
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 51-0542866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNERS, MARK
318 A KENILWORTH BLVD.
WEST PALM BEACH, FL 33405 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: D () Delete
Name: DYER, LORI
Address: 19 GLENCAIRN RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: GREENE, JOHN
Address: 1024 COUNTRY CLUB DR
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P () Delete
Name: SMITH, MELISSA
Address: 11170 OSNEY LAKE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: T () Delete
Name: SANDERS, ARVANITIS
Address: 15133 87TH TR NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: SHANK, LISA
Address: 4 DURNESSE COURT
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: M (X) Delete
Name: CHERILAN, KIM
Address: 410 HAWTHORN DR
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEEDS, SUE
Address: 6305 WILLOUGHBY CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FOWLER, BRUCE
Address: 903 ELM CIRCLE
City-St-Zip: JUPITER, FL 33458

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: MARK MANNERS

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date