

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06464

FILED  
Mar 27, 2005  
Secretary of State

**Entity Name:** BELIEVERS FELLOWSHIP CENTER, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 1333  
LAND O' LAKES, FL 346391333

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1333  
LAND O' LAKES, FL 346391333

**New Mailing Address:**

**FEI Number:** 59-2475443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CONN, DEBORAH A  
24011 STARLING CIRCLE  
LAND O'LAKES, FL 34639 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: MCCUTCHEN, JOE D REV  
Address: 185 MILL CREST DR  
City-St-Zip: COVINGTON, GA 30016

Title: PD ( ) Delete  
Name: CONN, RALPH A.,  
Address: 24011 STARLING CIR.  
City-St-Zip: LAND O'LAKES, FL 34639

Title: STD ( ) Delete  
Name: CONN, DEBORAH A.,  
Address: 24011 STARLING CIRCLE  
City-St-Zip: LAND O'LAKES, FL 34639

**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 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 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: DEBORAH A. CONN

SEC.

03/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date